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THE CANADIAN NURSE

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A Monthly Journal for the Nursing Profession in Canada
Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Treatment of Burns by Tincture of Iodine

By O. F. MERCIER, M.D., Montreal

For a couple of years past, convinced (by an accidental experience) of the value of the tincture of iodine in the treatment and cure of burns, I have adopted its use systematically in my hospital service, as well as in my civil practice; and to-day, after different experiences in a number of varying cases, from the slightest to the most severe, I thought it would be advisable to appear here before your honorable meeting and give you my sincere opinion upon this treatment.

I have said that my first experience was an accidental one, and I should have added that this experience was obtained upon myself.

One day I had the misfortune to burn a small spot, of about three-quarters of an inch diameter, upon the palmar surface of my left hand; this burn was of the second degree, and excessively painful. Having on hand in my office a small bottle of the 10 per cent. tincture of iodine, I covered the burn with it. Of course, the application was painful, but I felt immediately a complete relief—it stopped the pain at once; and the next morning I was so well that, having some operations to perform at the Notre Dame Hospital, I was able to attend to my duty and operate that morning upon several cases which were on my list, and that

without the least pain. I could wash, brush my hands, keep them covered with the rubber gloves for a few hours, without any inconvenience; and the blister never burst, but dried up in two or three days, leaving under it a tissue of new formation of normal coloration and suppleness.

Judging from this result, and not knowing that this treatment had already been tested by Baumgarten in France, I started using it systematically in the Notre Dame Hospital, having in my mind that, if it could do for a small thing, most probably it would be satisfactory in more severe cases. The result, fortunately, confirmed to the utmost my expectations, and to-day I am here in a position to tell you that I consider it to be the best treatment I ever used against this accidental disease.

As far as I can understand, the treatment was rejected in France on account of the fear that it might be injurious to the kidneys; but in all the different cases in which I have used it I have constantly watched closely the function of that organ, and in no case could I detect any trouble, clinical, functional or chemical. In fact, in one of my last cases, the patient was a young lad of about twelve years, who was certainly burnt over at least the half of the surface of his whole body, and even in that case no trouble whatever could be detected with his kidneys.

Another objection that one can raise is the pain caused by the application. I have, of course, to admit that the treatment is painful during its application and for the few minutes (say four or five) following it; but as soon as the pain so caused is over, the pain that always accompanies the burn is completely suppressed and the patient feels a complete relief. In one case, to which I would like to draw your attention, a woman, of about forty years old, having had her two arms, forearms and hands badly burned to the second degree, and, in some spots, going as far as the third degree, I tried treating her on one arm with antiseptic and anæsthetic ointment, and on the other one with the tincture of iodine, and she herself asked to have both arms treated with the iodine, feeling so much difference in the comfort caused by the above treatment compared with the ordinary antiseptic applications.

At about the same time a man was brought into the hospital, ward St. Joseph, with a bad burn covering the surface of his face and head, neck and shoulders, hands and wrists. In this case I started the iodine treatment immediately after his entry in the hospital. The temperature, which went high from the start (104 degrees), was brought down to the normal in four days. Eight days after the accident the crust formed by the burn, epidermis hardened by the fluid, started to fall off, and fourteen days after the accident he was able to leave the hospital, completely cured, with a fine pink, supple, new skin, replacing all the one that was destroyed by the burn.

I have had since then three other cases of the same seriousness, location and surface, and the three responded faithfully to my treatment and developed and recovered in the same way. In fact, in the Notre

Dame Hospital, the treatment demonstrated so well its own value that it has been adopted by all my confreres of the hospital, and it is now systematically used there.

I think that, in our day, it would be very hard to find a surgeon, a medical doctor, or any scientific man, who would not admit that iodine is one of our best antiseptics, if not the very best of all. Its power of penetration into the skin, its power of destruction of the germs, are the two qualities which place it at the head of the list. Another advantage of it is that, if you want to have all its effectiveness and if you use it on the skin, you can apply it just as well and better on a skin that has not been previously washed, because the alcohol in which the drug is dissolved is quite sufficient for the cleaning, and would have a better effect on a dry or greasy skin than on a skin covered with soap and water.

The same problem presents itself in the treatment of burns. Everybody knows how painful, difficult and long was the first dressing in all the other treatments made upon the burnt surface.

The cleaning of the wound, the removing of dirt, burnt epidermis, and so on, was practically impossible, not only from the fact of its own difficulty, but also from the fact of the pain occasioned by that long and tedious manipulation. With this new treatment there is nothing of that sort; the dressing is so simple, so quick, that in a few minutes it can be made with all its effectiveness. Of course, I observed that, to use this treatment, one must follow a very precise and systematic technique, because one has to remember that the application is painful, and that the pain caused by that application will only last a few seconds, and that, besides, the application must be liberally made, so I remarked that the tincture of iodine must be largely spread over all the wound, I would say, in one jet. The way to do it is very simple. Take a piece of absorbent cotton, soak it heavily in the tincture, holding it with a forceps, and put on a coat of it, liberally, all over the wound. If the patient is too nervous and too sensitive, give him first a hypodermic injection of morphine, or even it may be worth while giving him gas-anæsthesia. The worst would be if, being afraid of hurting him, you should make the application lightly, gently, with a tampon not sufficiently soaked with the preparation, and apply it spot by spot, small surface by small surface, increasing so, the time required for dressing, and instead of taking just a few seconds, or, at the most, two or three minutes, to complete the whole thing, you would take, say, fifteen or twenty minutes, and then have a wound that would not be properly covered and soaked with the fluid. I insist upon this point because, every time I entrusted the treatment to the hands of one of our nurses or sisters, they all made the same error, and I had to insist, in order to convince them, and even, at times, do it myself before them.

Another very important point is the quality and strength of the preparation. I observed that the best is the one of the French Iodex, or the 10 per cent. solution in pure alcohol, 90 degrees. The alcohol must

be very pure, and everybody will easily understand that it would be very dangerous to use tincture of iodine prepared with methylated spirit, or the one that we have on the market under the name of "Columbian." This latter would not only irritate and injure the tissue, but would be dangerous by its absorption, and that to the utmost.

You will most probably enquire what sort of dressing is to be applied after the coat of tincture of iodine has been spread over the wound. A simple sterile dressing with gauze compresses, and a bandage to keep it on, is quite sufficient. In fact, I have remarked that the solution is a dressing in itself, and in a few cases I ventured to use no dressing at all, besides the liquid application, and kept the part open. The explanation is very simple: the wound, after the application, covers itself with a thick, brown crust, which protects the raw tissues completely.

A very interesting experience, which contributes to the illustration of the effectiveness of the treatment, is the fact that, in cases of burns of the face, I could not, of course, apply it on the eye-lids, fearing to injure the globe of the eye, and I confined myself to using around there a preparation of argyrol or sylvol, but in every case the whole face was already healed many days, while the eyelids were still unhealed; and the worst of it was that the eyelids healed slowly, giving rise to ectropion. The treatment must be done once every day.

As I said above, when the above-mentioned crusts fall, they give way to a fine new tissue, pink, neat, having all its suppleness, and in no case had I any of those retractile scars which, ordinarily, as everybody knows, are one of the worst complications following burns. I have no doubt that the worst enemy is the infection, not only because it delays the cure, but also because it causes the pain, causes the general infection, which generally shows itself by the regular and steady increase of temperature, loss of appetite, weakness, and so on; and then gives way to the formation of that scar tissue, which in mostly all cases is bound to retract sooner or later. With this new treatment, nothing of the sort. After a few days, four or five, the temperature comes down to normal, and this gradually and steadily, and stays at normal until the complete cure is over. The patient keeps his normal general condition of health; he sleeps very well at night, because the pain, which exists in every case treated by the other methods, is absent; in fact, the only pain is the one during the application, and it is easy to manage it; but as for the pain of the burn itself, there is none whatever.

The treatment, to have all its effectiveness, must be made as soon as possible following the accident. It is easy to understand that it is more difficult to disinfect an infected wound than to prevent the infection. This is a fact that I have always experienced, and I consider it to be of the highest importance.

If the method is used on burns of the first and second degree, it is a complete treatment, and you do not need anything else; but, as every-

body knows, there may always be spots or surfaces where the burn would have gone more deeply and attained the third degree, injuring the whole thickness of the skin, and sometimes the adipose tissue, and even the muscles. For those deep burns I apply, just the same, the tincture of iodine in the same way as I do for the surrounding surfaces; but, of course, after a certain time, the destroyed parts, which have been killed by the fire, must detach themselves, and this surface of sphacelus leaves a wound more or less large, which has to be treated by the ordinary antiseptic dressings. To complete the cure and prevent the retractile scars, now is the time to appeal to grafting of new skin. This is what I do, using the Thiersch method.

In cases where the surface of the burn is covered by blisters, it is important not to open them, and to let them dry up under the effect of the iodine. They dry up in a few days, and do not bring any complication whatever.

In a few cases, when the patient was too sensitive, or when, for any other reason, the pain was too great, I replaced the tincture of iodine by the vapors of nascent iodine; but, of course, in every one of the cases the first treatment was always made by using the tincture of iodine, in the way above described, and I used the nascent iodine only for the subsequent treatments, which must be applied then once a day, as in the case of the tincture.

I feel so highly convinced of the great and practical value of this treatment, that, in coming before your meeting, I come with only one object in view, which is that of trying to popularize the method, knowing that it will be such a great help to this class of poor patients. When one imagines or represents to himself the pain, the dangers of all sorts, that followed these terrible accidents when we were using most of the other treatments, it is easy to understand the amount of the services that would be rendered to our poor humanity if it were possible to decrease, in any degree, the said calamity. There is another question, which has in itself its own importance, and this interests mostly companies and employers. We all know the amount of responsibility that falls upon them under the law providing for indemnity to be given to employees in these cases. If, by this method, it were possible to diminish the amount of incapacity resulting from the accident, I think it would save them certainly large amounts of money, and it would, at the same time, prevent the employee from remaining a lame man for the rest of his life.

I would like to see all the manufacturers, and even the fire brigades, knowing this fact, and knowing also that the best thing they can do for any one of their employees, who should have the misfortune of having one of these terrible accidents, would be to have on hand a bottle of tincture of iodine, ready to be used as the first, the best of all emergency treatments, that could be applied to the case.

Only a few weeks ago a case was brought to the hospital—a man, a laborer, burnt in the face, neck and head by an explosion of gasoline. I do not know whether it was from the fact that they had heard of the treatment that they did it; but they did it, at any rate. The patient sent to the hospital had only to be continuously treated along the same lines, and following the rules. In two weeks he was in a condition to resume his work.

Whether it be for a small or a large burn, I insist that I consider this treatment to be the best. About two months ago a child of twelve years old was brought to me, as a private patient, after a burn covering certainly over half the surface of his body. I saw him in hospital only the next day after the burn, and some ointment (I do not know what kind) had already been used on it. Nevertheless, I ordered the iodine treatment. The poor little thing went on as well as possible for seven or eight days; the only pain endured was the one at the moment of the applications. Unfortunately, I had the parents against my treatment, and I was obliged to submit to their desire. After two or three days the parents realized what I had told them: that the dressings were nearly as painful as the iodine dressing, but that these dressings were not quieting the pain of the burn. The temperature started going higher; the general condition of patient got worse and worse every day; and on the eleventh day the final result that I was expecting came, and the poor boy died.

Although at least half of the surface of the body was burnt, I feel convinced that if I could have kept on with the iodine treatment I would have saved his life. But one fact remains, with all its importance: urine analysis, and taking the quantity of urine, was done every day during the applications, and I could not notice any clinical symptoms of kidney alterations, neither by the clinical symptoms nor by the laboratory reports.

Since the antiseptic value of iodine has been discovered and admitted by the profession in general, this chemical product has rendered us all sorts of services. We use it for disinfecting the skin before operations; we use it for disinfecting some surgical wounds; we treat the wounds with it, and everybody admits that its value is of the utmost importance. This is another application in which I sincerely believe it is going to prove again that it is the most important, the most powerful, and the most harmless of all antiseptics.

—*Canadian Medical Association Journal.*

God never loved me in so sweet a way before;
'Tis He alone who can such blessings send;
And when His love would new expression find
He brought thee to me and said, "Behold a friend."

Some Present-Day Problems of the Nursing Profession

By L. J. Carter, M.D.

The present-day problems of the nursing profession have arisen largely because of the unprecedented extensions of the modern nursing field.

Private duty nursing, or the continuous care of one patient, is the oldest form of the nurses' work.

As hospitals became organized along modern lines, administrative and teaching work began to develop, until hospital work became a very large phase of modern nursing. To-day a great proportion of the hospitals have nurses for their administrative head, while the superintending and teaching work, in connection with the training of fifty thousand women in nurses' training schools in America, offers scope for thousands of nurses, who must be also trained teachers. Specialization, which is the key-note of modern medical life, has greatly multiplied the avenues for the nurses' activities. Specialized modern hospitals call for similar specialization in nursing. Children's hospitals, hospitals for contagious diseases, ear, eye, nose and throat, obstetrical, skin and cancer, tuberculosis, orthopaedic, and mental diseases hospitals, all call for specially trained nurses. Institutions for the aged, for incurables, for orphans, for epileptics, for defectives, all absorb their quota of specialists in nursing. Within the hospital itself there are specialized fields of work, such as teachers of occupation, therapy, ward superintendents, educational directors, dietitians, technician experts in X-ray, electrical, bacteriological and pathological laboratories, administrators of massage, hydrotherapy, anaesthetics. Outside the hospital, and requiring similar work to this specialized hospital nursing, is that called for in private medical offices and in the medical group clinics.

But the greatest extension of the sphere of the modern nurse lies, not along the line of private or hospital or kindred work, but along the line of public health nursing. Public health work is the most significant phase of modern nursing. It brings the nurse into line with the great modern ideas of preventive medicine and social service, in the furtherance of which she is peculiarly fitted to have a large and ever enlarging share. To illustrate the extent of this public nursing work, I need only mention such phases of it as school nursing, district nursing, child welfare work, mother-training work, industrial nursing, social service nursing, such as the educative work along the lines of tuberculosis and venereal diseases. Here, again, as in hospital work, there must be, combined with the ability to nurse, the ability to teach.

This remarkable expansion of the sphere of nursing, which we have so hastily outlined, carries with it problems which will tax the ingenuity

and perseverance of the brightest intellects in your own and kindred professions. These problems manifest themselves largely along three main lines:

(1) The general problem of nurse shortage;

(2) The problems connected with the work of the private duty nurse;

(3) The problems connected with the higher educational training of nurses necessary for the new duties and responsibilities.

1. *The General Problem of Shortage of Nurses*: The one great overshadowing problem that faces the profession as a whole is, of course, the absolutely inadequate numbers in which women are presenting themselves for training as pupil nurses. From all parts of the country comes the report that nurses were never in such demand, and there never was so much difficulty in obtaining recruits. Where, then, shall come the supply for the greatly enlarged sphere of work that is opening up? Before this question can be answered, a preliminary one must be asked.

What are the causes of the shortage? They are many. In the first place, there is the greatly enlarged field of work that is open to women. Twenty-five years ago there were two occupations into which women could enter, nursing and teaching. Ten years ago, it is estimated, this had been increased to two hundred; and it is safe to say that, since the close of the war, this has trebled. Young women, after a six months' business college course, can enter fields of employment that involve less labor and shorter hours, and offer better remuneration than the trained nurse can obtain after three years of drudgery training. This will make its appeal to women of a superficial order of educational and intellectual endowment. While many nurses' training schools are falling short of their quota of students, the women's colleges of America are crowded. This latter is the class of women to whom the nursing profession should make its appeal, and that appeal will never be made with any degree of success until some very radical reforms are made in our methods of training pupil nurses.

Hitherto, the hospital has very largely exploited the student nurse. The long hours, and the drudgery connected with ward work, so sap the nurse's energies, that she has neither time nor strength for individual initiative. The nurse of the future will still need to be a skilfully trained attendant of the sick. But she must be something more. She must have a training in the wider outlook, an understanding of the larger problems that confront her profession, and an individuality and initiative to meet and solve the problems that confront her. And this kind of nurse can only be produced when our hospitals begin to organize "schools of nursing," instead of "training schools for nurses."

The first thing that must be done is to lessen the drudgery and reduce the long hours. The eight-hour day is absolutely essential. The drudgery connected with ward work must be relegated to the ward maid. The

curriculum must be enlarged to include a training in, at least, the fundamentals of the subject, "sickness as a social problem." When this is done, and not till then, will the nursing profession be able to make its appeal to that class of women who take the higher intellectual outlook; and without that class they can never hope to measure up to the needs of the present hour. All honor to the small band of high-minded women who have braved the discouragements of the past, and, without adequate training, have carried the nursing profession to its present high pinnacle of achievement. But the work to-day has assumed a dimension which they can no longer compass, and nothing but thorough training of large numbers of well-educated women can meet the present need. Having set your standard high, and placed the student training for nurses on a plane that will appeal to the type of women your profession needs, you will be in position to make effective appeal for recruits.

"Publicity campaigns" are one of the effective methods of modern business. And the medical and nursing professions should take a leaf from the business book. Too long, doctors and nurses have been content to rest upon the dignity of their profession, and let the people get their education upon health lines from the quack advertisements in the daily papers. This is all being changed. The Province of Alberta Medical Association now employs a trained organizer to direct their activities along public educational lines. Manitoba is following in Alberta's footsteps. Some such propaganda must be organized by the nursing profession. There should be a central Canadian organization for the preparation of literature, outlining, in a dignified and attractive way, the status of the nursing profession and its claims upon young women of character. This literature should be put into circulation through provincial organizations, and a systematic publicity campaign put on to reach every woman graduating from high schools, collegiate institutes and colleges, as well as many classes of business women, with the object of enlisting them as recruits in your great work. This publicity campaign might very well be organized under the direction of the Red Cross Society, which, since the Great War, has broadened out its activities and assumed, in time of peace, the general supervision of volunteer public health organizations.

2. *Problems of the Private Duty Nurse*: Apart from this general problem of shortage of pupil nurses, there are special problems which confront the "private duty nurse." The private duty nurse has always been, and always will be, the most vital point of contact between the public and the nursing profession. The public health nurses and the hospital and the training school administrators and teachers will assume a larger place as the years go by, but they can never replace the private duty nurse. The task of the latter will always remain the interpretation to the people of the true spirit of the nursing profession. Coming into such intimate contact with home life at the time of critical illness, she exercises a power for good, or the reverse, which is peculiarly her own.

She must possess infinite tact to break down the barrier between patient and nurse, and make the patient and family feel that she comes as a sympathetic helper in time of trouble. If she fails in interpreting the true spirit of nursing, then all your organization falls to the ground. The special problems of the private duty nurse may be looked at from four standpoints:

1. Personal problems. She cannot do her best work, and conserve her strength for the future, and remain on duty twenty-four hours a day in critical cases. Duty must be divided, at least, into twelve-hour periods. But this doubling of expense to the patient should not extend beyond the critical period of the illness.

She must not neglect to maintain her contact with the nursing world at large by taking active part in the local and wider organizations. She must maintain her study of the social problems created by disease, and the progressive measures being taken from year to year to solve it. To this end she should look forward to an occasional post-graduate course of study. The private duty nurse needs the post-graduate course of study to keep in touch with modern progress. This cannot be got through books. There must be personal contact with leaders to make vital for one's self the newer methods and ideas.

2. Problems in her relation to the medical profession. The private duty nurse must be loyal to the physician in charge of the case she is nursing. If she is in disagreement with the doctor's treatment, there is no alternative but to resign from the case.

She must be ready to respond to any call, if she registers for general duty. I have heard of a doctor, with infectious disease in his family, calling for a nurse and being refused repeatedly. It would require only a few such instances as this to lower the ethical standing of a profession which has been lifted high by the self-sacrificing labors of thousands of nurses.

3. Problems in her relation to her patient. There is no denying that the nurse comes into the house at a difficult time. An abnormal mental attitude of patient and friends prevails, as a result of anxiety over the acute illness. Then, also, the nurse comes into the home as a reformer, breaking into the normal household routine. The condition thus created calls for much tact on the part of the nurse, and one has to confess that such tact has not always been shown. Some of the complaints that patients make are that the nurses are too professional — they require too much waiting upon, they turn the house order upside down. Has there not been some ground for these criticisms? The trained nurse, when she comes into a home, should lay aside her too professional air, and should remember that she comes as a woman, bringing help to her patients. She should fit herself, as unobstrusively as possible, into the family routine. Out of regard for the anxious frame of mind of the family, she should, by sympathetic demeanor, seek to exert a soothing

mental influence. Any reforms she finds necessary to make should be introduced in the spirit of kindness and helpfulness.

4. Problems in her relation to the shortage of nurses. This is a problem which vitally concerns the private duty nurse, and towards which, as far as I can learn, she has, through lack of organization, offered no solution, or assumed an attitude of helpless discouragement. And yet it is a problem which, if solved at all, must be solved in a way that will still maintain the supremacy of the private duty nurse in the field of nursing in the home. It is a pleasure to note that your Dominion organization has grappled with this problem by appointing a committee to consider a plan of organization for private duty nurses. This body, when organized, must endeavor to find some solution. And no solution—let me emphasize it well—can be satisfactory which does not leave the private duty nurse in complete control of the nursing of the sick in the homes of the people.

Private duty nursing, as we have it to-day, does not meet the home nursing need of the day. In the first place, persons of moderate means cannot meet the expense of nursing service in their own homes; and usually it is impracticable or impossible, because of sparsity of population and greatness of distance, to send the acutely ill patient to the hospital. In the second place, there are not enough private duty nurses to answer the calls of those who can afford to employ them. Two entirely opposite solutions of these problems have been offered.

On the one hand, some doctors and many of the public call for a reduction in nurses' fees and the re-acceptance of twenty-four-hour duty. This can never be an acceptable solution. There is no law against the nurse refusing to charge the maximum fee where she knows the patient cannot afford it — and we know that very few nurses do make the maximum charge. Further, there is no reason why, in the milder cases, and after the acute stage of the severe cases, the nurse should not accept twenty-four-hour duty. Granted these concessions, yet your problem is not solved.

On the other hand, many doctors and a large section of the public propose to substitute a cheaper class of nursing service. In the Province of Saskatchewan this is already being tried out in the adoption of a plan for the training of household attendants, who shall constitute a sort of quasi-nursing service, under the supervision of public health nurses. I believe any such effort is doomed to failure. No profession can countenance a reduction of educational standards, and the introduction into their field of semi-trained elements, without paving the way for ultimate lowering of the tone of the whole profession.

In some cities there has been tried, with some degree of success, the plan of "hourly nursing." The nurse gives her whole time to a patient only during the really acute portion of the illness. Household help, trained for that purpose (not quasi-nurses), supplement her work

during the remainder of the period, while the nurse makes one or two visits of an hour's duration each day.

There can be no doubt that the ultimate solution of the problem of the shortage of nurses must be eventually met by some type of household assistant trained in the elementary principles that govern the conduct of a sick-room. Just what form that training shall take is one that only the future will reveal. Personally, we believe that the training must come largely through the work of the public health nurses. And that brings us to a discussion of the third great problem we propounded at the outset —the higher education of nurses for the advanced work of public health and institutional administration and teaching.

3. *Problems Connected with the Higher Education of Nurses*: The public health nurses, and the hospital and training school administrators, should be, we believe, the specialists in the nursing world. Their qualifications should be some form of post-graduate training, including teacher training. Such training should be preceded by one or more years' work on private duty. The public health nurses are destined to be the teachers of public health of the future. And we believe that, through their teaching, there shall be recruited up a large class of young women who shall understand and be able to carry out the fundamental requirements in the care of a sick person. Through this class as assistants, one private duty nurse shall be able to supervise nursing in a whole neighborhood, where she is now restricted to individual cases.

It is essential, then, that the public health nurse shall receive the maximum of training in the understanding and teaching of social service problems; and this should be the function of the post-graduate work given in our universities. True, the foundation should be laid, as we have already indicated, in our nurses' training schools. To this end, we consider that on every training curriculum there should be a place for the teaching of "disease as a social problem." The teacher should be a nurse who has taken a post-graduate course in one of our universities. Every training school should aim eventually to have at least two of its head officials equipped with university post-graduate training. In the absence of such trained teachers, the instruction might be given by the nearest public health nurse.

Many of our Canadian universities have established post-graduate courses for the training of nurses for public health, and for training school and hospital administration. In McGill, Toronto, and Dalhousie, post-graduate courses of one year are given, and only for graduate nurses. In London the post-graduate course is for graduates, or may be an elective course in the last year of training school work. In Vancouver the course is open to graduates until 1925, but is primarily for undergraduate students. We believe these post-graduate courses should be for graduates only, for, as Miss Johns has said, "the same education methods cannot prepare for two distinctive types of service—routine and highly skilled." In this connection we might ask, What about Manitoba

University? Can your organization not bring sufficient enlightenment to the minds of our university educators to assure the establishment of a post-graduate teaching course, and then supply enough graduates to fill that course?

We have stated that not only the hospital and training school administrators and teachers of the future, but also the public health nurses, should be the product of post-graduate university training. The public health nurse, thus thoroughly equipped, will be the solution of our problem of nursing shortage. In Manitoba we have to-day, under the Provincial Board of Health, some fifty public health nurses. We believe the time is not far distant when every education nucleus, such as represented by a consolidated school, or a high school, will be compelled to provide one or more public health nurses. In view of the shortage of private duty nurses, one of the functions of these public health nurses should be the teaching—as part of the school curriculum—of classes of the older 'teen-age girls in the fundamentals of the care of the sick in the home. Further, this teaching should extend to colleges, and to business women where they are employed in large groups. The theoretical work could be supplemented by periodical practical demonstrations at nearby hospitals. Thus there will gradually grow up a large class of young women, trained in the modern ideas of disease, its cause and treatment, who will be willing and competent to co-operate with the private duty nurses of their district in the care of the sick in their own homes and those of their immediate vicinity. This large class of non-professional assistants, working under the increased number of private duty nurses, enlisted as the result of the more attractive appeal of your reorganized training schools, would meet the situation.

So you would solve the problem of the shortage of nurses and the high cost of nursing, without resorting to the doubtful expedient of partly-trained, quasi-professional assistants, which would inevitably react, sooner or later, in the lowering of the standards of the entire profession.
—Read at the Annual Meeting of the M.A.G.N., Brandon, 1921.

Oh, yet we trust that somehow good
Will be the final goal of ill,
To pangs of nature, sins of will,
Defects of doubt, and taints of blood.

That nothing walks with aimless feet;
That not one life shall be destroy'd,
Or cast as rubbish to the void,
When God hath made the pile complete.

—*In Memorian.*

The Joys of Country Nursing

By X. Y. Z.

The nurse in question was supposedly not nursing, rather convalescing; and this is how she did it:

One dark and cold fall evening, after a tremendous rain storm, making the roads in a nice juicy condition, the 'phone rang, and the nurse was asked if she would come to a woman in labor, who was alone, with the exception of her husband and the doubtful possibility of getting a doctor and some friendly neighbor woman to help in time of need. A horse must be found for conveyance, and, as the night was so dark as to be almost felt, it was no easy task. However, it was accomplished and the trip begun. The road for over a mile was through a bush, with merely a track for a road—a precarious journey at the best of times. That night was a false alarm; but the next night the nurse had need of all her wits. The doctor failed to arrive, owing to an impassable road at one point, and the nurse had the case to herself. The cord was round the child's neck, and after that was remedied progress was no better, and the result was the nurse had to deliver it after some strenuous exertions. Happily, mother and child did splendidly.

Another day three children in the house had tonsils and adenoids removed. Two did splendidly, but the other took a severe hemorrhage the same night, which lasted four hours. Everything ingenuity and necessity could invent was tried, with no success; and finally, the patient being in the last stages of collapse, the nurse decided to try aseptic ergot ½ cc. It worked, and when the doctor arrived two hours later he pronounced the patient out of danger. The ergot in this case was supposed to be no good, as it was old.

One other case was that of a child with severe tonsilitis. Temperature, 104; passage in throat closed, membrane, and no doctor's aid possible for twenty-four hours. A compress of kerosene was applied externally till the skin was well reddened, and gargles every fifteen minutes of first, Hyd. Peroxide, and then kerosene, given. In an hour relief was obtained. The gargles were kept up every hour during the night, and by midnight the temperature was dropping, and on the doctor's arrival he said the patient was out of danger. Under the doctor's further treatment large abscesses on each tonsil broke the next day.

One never has such exciting times in our work in towns.

Yearning in desire
To follow knowledge, like a shining star,
Beyond the utmost bound of human thought.

—*Ulysses.*

Routine of the Dispensaries and Nurses' Duties in Regard to Venereal Work

By Miss Wiggins

Read at the Annual Meeting of the Saskatchewan Registered Nurses' Association, 1920

The routine treatment of venereal disease in the dispensaries depends for its efficiency upon three factors, all of them being perhaps of equal importance.

These factors are: First, the aspect of the problem from the public health standpoint; second, the reaction of the patient and his family to the measures used for their own protection, health and comfort; third, the clinical results of treatment.

In all of the work done by the dispensaries and their staff, the first point has been considered the one which is to be kept foremost in the mind; and that, while social service work and medical treatment were of the utmost importance, the prevention of the spread of venereal diseases is the chief consideration.

With such ideas, naturally, it is to be expected that the routine of the dispensaries would be so arranged that the stamping out of venereal disease would be the first consideration.

We do not believe that the spread of venereal disease can be checked by education, by religion, or by reform movements alone, although we admit that these efforts may be of great assistance, especially education.

It is our belief that far more would be accomplished if every individual with venereal disease were no longer a menace to others.

The entire problem should be viewed from a wide angle, and the welfare of all must be considered before the welfare of the individual.

Education plays its share in the progress of this work. If the individual can be taught what venereal disease is, what it does, and what its remote effects are, the responsible element of the population will seek the sterilizing treatment, and will be convinced of the necessity of prolonged care.

Stimulated by the Dominion and provincial grants of money, there are eight dispensaries in this Province where patients can receive free treatment and examinations.

The nurse tries to impress upon the patient the seriousness of the disease and the treatment required. She sees that the patient understands the necessity for regular and continued treatment, designates the days on which treatment is given.

The necessity for either the wife or children to report at the dispensaries for examination.

If a case is reported to have venereal disease and has been receiving treatments from their own doctor, the doctor is interviewed, and if he wants patient to continue treatment the patient is instructed to report regularly for treatment.

The nurse attends the dispensaries on the days that treatment is given to female patients.

Monday and Friday are female treatment days in Regina, Tuesday in Moose Jaw, Wednesday in Saskatoon. If circumstances do not permit regular attendance at the dispensaries, the nurse makes the needful adjustments.

If, during an interview with the patient, there is evidence of a social problem, such as needed material relief or unemployment, the case is referred to the Commissioner of Public Health and receives immediate attention.

A LONG TALK

Dr. Wiley tells the following story:

Sleepily, after a night off, a certain interne hastened to his hospital ward. The first patient was a stout old Irishman.

"How goes it?" he inquired.

"Faith, it'sh me breathin', Doctor; I can't get me breath at all, at all."

"Why, your pulse is normal. Let me examine the lung action," replied the doctor, kneeling beside the cot, and laying his head on the ample chest.

"Now, let's hear you talk," he continued, closing his eyes and listening.

"What'll Oi be sayin', Doctor?"

"Oh, say anything. Count one, two, three and up," murmured the interne, drowsily.

"Wan, two, three, four, five six," began the patient. When the young doctor, with a start, opened his eyes, the patient was counting huskily, "Tin hundred an' sixty-nine, tin hundred an' sivinty, tin hundred an' sivinty-wan."

For tho' the Giant Ages heave the hill
And break the shore, and evermore
Make and break, and work their will;
Tho' world on world in myriad myriads roll
Round us, each with different powers,
And other forms of life than ours,
What know we greater than the soul?
On God and Godlike men we build our trust.

—Ode on the Death of the Duke of Wellington.

The Nurses' Home, Montreal Western Hospital

The new Nurses' Residence of the Western Hospital was formally opened on Tuesday, January 4th, 1921. This handsome colonial building has aroused the admiration of the passers-by, with its fine lines and beautiful proportions, and much curiosity has been prompted as to the interior. Entering from the wide brick terrace fronting on Dorchester Street, the dignity of the central hall is impressive, the pillars and circular form repeating the colonial effect of the architecture. At the end of the corridor, to the left, is the main reception-room, or lounge, which is superbly finished and furnished throughout. The walls and woodwork, including the pillars and a large round bay window seat, are painted dull ivory, against which are hangings of deep velours. Before a great fireplace stands a Chesterfield covered with blue velours, with a long Chesterfield table of mahogany running the length of its back. Deep chairs, velour covered; mahogany pieces, and Eastern rugs, in blue and buff, complete the furnishings. Over the fireplace, in the place of honor, hangs a painting of Dr. James Perrigo, a member and the president of the medical staff of the hospital for over twenty-five years.

The Nurses' Library, fitted with dull-finished mahogany bookcases and writing tables, is off the left corridor, and adjoining is a small reception-room; opposite the library is a lecture-room, fitted with desk, chairs, charts and blackboards, so that teaching will be made as easy as possible. To the right of the main entrance is the suite of the lady superintendent, consisting of office, sitting-room and bedroom. The living quarters of the assistant superintendent, the dietitian and other members of the administrative staff are adjacent.

The house has accommodation for fifty-seven nurses, and every pupil will have a separate room, although two double rooms have been provided in case of illness. The rooms for the junior nurses are on the top floor, the furniture, including combination chiffonier and dressing table, a small writing desk and chair, also an arm chair, are of French grey enamel, while the hangings are of Alice blue. The senior nurses' sitting-rooms, one floor down, have hangings of old rose, contrasting artistically with the grey furnishings. On each flat is a small kitchen, so that any nurse off duty may prepare diet for herself, especially in the evening. The kitchens are fitted with a gas stove, cupboard, with dishes and silverware, while a diminutive laundry between the two flats is fitted with electric irons, ironing board, etc., for pressing blouses, or any articles which the nurses may wish to give special attention.

In the basement of the building is a large lecture and demonstration-room, with accommodation for sixty students, fitted with a model bed, a chase doll, and a cupboard containing a replica of every item of equipment used in the hospital. Here demonstrations can be given of each detail of a nurse's duty. A model diet kitchen adjoining provides

for instruction in that branch of training. There is also a linen-room, a storeroom, a trunkroom, and a vacuum system has been installed through the walls, emptying into a room in the basement. In the building, equipping and furnishing of the home, it would seem that no detail for comfort or for efficiency had been neglected. The building is fireproof throughout, and it is so constructed that two extra storeys can be added at any time without the slightest disarrangement of the present structure. A large balcony, extending across the front of the top storey, affords a very attractive spot for warm summer evenings.

The erection of this building is entirely due to the energy of the president, Mr. J. C. Newman, who has interested his friends and given largely of both time and money, giving personal attention to so many of the details.

THE INVALIDS' ALPHABET

Appendicitis, you'll agree, will claim the letter A,
While B is made up of Baths and Bandages each day;
C is the Chart that nurses keep to satisfy all hands;
D is the Doctor, coming in each day with stern commands;
E is the Ether no one loves, and Enemas galore;
F is the Family you long to see as ne'er before;
G is the Gas that chases up and down an empty tum;
H is the Hope that very soon your full discharge will come;
I is the Ice that tastes so good when throats are parched and dry;
J is Junket—best of all for invalids, say I;
K is the Knack that nurses have with every little touch;
L is the Lonesomeness that makes you wish for home so much;
M is the Medicine you know, from which each patient shies;
N is the Nurse, who seems to you an angel in disguise;
O is the Operating-room we all observe with fear;
P is the Palpitating Pulse with every visit there;
Q is the Quiet, all about while nurses bring the meals;
R is the Reason for it all, to wit, their rubber heels;
S is the Sterile Sponge that adorns our poor insides;
T is the glass Thermometer that 'twixt our teeth abides;
U is the Undivided care that patients all require;
V is the Visitors, my dear, that rouse the nurses' ire;
W is Weak and Wobbly when you first attempt to stand;
X is for Extra little things you'll find on every hand;
Y is the Youthful internes, thrilling every nurse's heart;
Z is the over-Zealous ones who weep when you depart.

Yet I doubt not thro' the ages one increasing purpose runs,
And the thoughts of men are widen'd with the process of the suns.

LOCKSLEY HALL.

Editorial

Preparations for the coming convention to be held in Quebec the week of May 30th to June 5th will now be in full swing. Each year the same appeal for help towards the programme and for the attendance of accredited delegates from each affiliated association is made. Quite apart from the papers and discussions during the meeting, one great source of information and help to those engaged in similar work is the foregathering into little groups between the formal meetings. May we hope that in wonderful old Quebec will be held the best attended meetings we have ever had.

* * * *

A note will be found in another place referring to Miss Crosby, the faithful and indefatigible editor of the magazine during those years when she did the work of attempting a professional journal when the nursing organization did not own it. All of us who knew Miss Crosby will rejoice that she has been able to take up such a delightful way of living. May she be a truly successful farmer on her own little place is the wish of her successor in the magazine work and of her numerous friends all over Canada.

Letters to The Editor

Dear Editor:

In Miss Johns' paper last month, she says the private nurses say nothing for themselves. Wise heads!

While listening to what others have had to say, sometimes these lines of Burke's have come into my mind. Burke says, in apology for his countrymen:

"Because half-a-dozen grasshoppers under a fern make the field ring with their importunate chink, while thousands of great cattle repose beneath the shades of the British oak, chew their cud, and are silent, pray do not imagine that those who make the noise are the only inhabitants of the field, that, of course, they are many in number, or that, after all, they are other than the little, shrivelled, meagre, hopping, though loud and troublesome, insects of the hour."

At our conventions I have had ample opportunity to see how little

the self-promoters really knew about the actual work. Not by any means do I speak of all of them as self-promoters; some of the speakers have been very good, and one could see at once what fine women they were; also that they had the interest of our work, or rather profession, at heart.

I was very much amused at a convention a few years ago when the principal speaker was always spoken of in this way: "There is Miss L——. She is so clever! Have you heard her speak?" I had heard her several times, and on all occasions she had said the same thing, until, whenever I heard her called on, I could hardly keep from calling out, "Polly wants a cracker," and still think of her as the limited Miss L——.

Of course, we private nurses have the privilege at times of spending weeks and months with the cleverest people—that is one of the fine things of our work; while the poor (?) superintendents drop in for a minute and say, "I hope you had a good night," or "Glad you are doing so well," and disappear, and the patient looks so relieved.

Yes, Miss Johns, I do think it would be well for superintendents to clean their own steps. Never have I seen such mean, unprincipled things done as I have known to be done by superintendents. Fancy the feelings of a young nurse, two months before graduation, to be told at 10 o'clock at night, to be gone before daylight, and never be seen in the place again, and not given a chance to say one word, the only thing she could think, might have been the cause of her sudden dismissal, was a remark a friend had passed at the door, a few minutes before: "It is five to ten, so I must let you go in, or that 'Old Cat' will be at you again."

Really, Miss Johns, have you nursed one whole year? What an experience! No wonder you allude to the pathos and bathos you passed through, and in that whole year, no doubt, you had all of half-a-dozen patients, five mild, and one serious. What thrills you must still have! Now do tell us something about it at next convention, and then we privates will be able to say, it truly is a nurses' convention, for some one did say a word about nursing this year.

My belief is that we private nurses must bear being misunderstood, a cross indeed, but He who was most misunderstood will make it all right when He measures up, measure for measure.

PRIVATE NURSE.

Ah! when shall all men's good
Be each man's rule, and universal Peace
Lie like a shaft of light across the land,
And like a lane of beams athwart the sea,
Thro' all the circle of the golden year?

—*The Golden Year.*

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Second Vice-President—Miss J. Craig, Western Hospital.
Secretary-Treasurer—Miss Susie Wilson, 638a Dorchester St., W.
Registrar—Mrs. Burch, 175 Mansfield Street.

Instead of the usual lecture, the nurses had a social evening on Tuesday, February 1st, in the club room.

Miss Stark kindly took charge of the musical part of the programme and, assisted by her pupils, gave several solos and duets, which were much enjoyed. Some of the members enjoyed a game of cards, after which light refreshments were served.

We are sorry to hear that Miss Annie Harris is a patient in the General Hospital, and hope for a speedy recovery.

Mrs. Burch is still a patient in the Western Hospital, but we are glad to say is improving steadily.

THE FELLOWSHIP OF PAIN

It is a tremendous moment when first one is called upon to join the great army of those who suffer.

That vast world of love and pain opens suddenly to admit us one by one within its fortress.

We are afraid to enter into the land, yet you will, I know, feel how high is the call. It is a trumpet speaking to us, that cries aloud: "It is your turn—endure." Play your part. As they endured before you, so now, close up the ranks—be patient and strong as they were. Since Christ, this world of pain is no accident, untoward or sinister, but a lawful department of life, with experiences, interests, adventures, hopes, delights, secrets of its own. These are all thrown open to us as we pass within the gates—things that we could never learn or know or see, so long as we were well.

God help you to walk through this world now open to you as through a kingdom, regal, royal and wide and glorious.

CANON SCOTT-HOLLAND.

News from The Medical World

By Elizabeth Robinson Scovil

Site for Vaccination

It has been suggested that the inner side of the under part of the arm should be used for vaccination, as the scar would then be invisible.

The Maxim of Hippocrates

Hippocrates, the physician of ancient Greece, taught his pupils that the highest duty of the doctor is to prevent disease, then to cure disease, and, where prevention or cure was impossible, to alleviate suffering. The discovery of vaccination by Jeaner, in 1796, was the first important step in preventive medicine. This was followed in the present generation by the discoveries of Lister, Pasteur and Koch.

The Prevalence of Tuberculosis

A German pathologist has stated that, in 98 per cent. of the autopsies he conducted, evidence was found of the work of the tubercle bacilli. There were healed tuberculous scars and fibrotic changes in the case of those who had died of other diseases, or even of old age. The infection most often begins in children, and it is at this time that prophylaxis is most necessary if the disease is to be stamped out. Hygienic measures, fresh air, pure milk and pure food, sleep and sunshine, are the most important.

Smallpox Before Vaccination

The Journal of the American Medical Association says, in an editorial, that, in the city of Konigsberg, from 1773 to 1803, before the day of vaccination, the city was never free from smallpox.

It was most fatal during the second year of life. Out of every hundred children born, an average of from eleven to fifteen were destined to die of smallpox before they reached their tenth birthday. Is it to this condition that the anti-vaccinationists wish to return? Compulsory vaccination seems the only safeguard.

The Support of Hospitals

English hospitals are in serious financial difficulties owing to many causes, chiefly brought about by the war. It is recommended that every patient occupying a bed, who is not absolutely penniless, shall pay something for care and treatment, and that State aid should be given. Employers and insurance companies should contribute largely to the voluntary hospitals, as they benefit largely, both directly and indirectly, by the services rendered.

Evidence of Cancer

A Belgian society has issued a circulation in which women are urged to seek the advice of a physician as soon as they discover anything abnormal in their condition. Seventy per cent. of all cancers occur in women. They can be cured if treatment is begun in time; hence the importance of early notification.

Anthrax from Gloves

It is stated that a case of anthrax, thought to have been caused by infection from a pair of undressed kid gloves, was under treatment in St. Mary's Hospital, New York.

Vomiting in Appendicitis

A German physician says that vomiting at the beginning of an attack of appendicitis is an unfailing indication for immediate operation, as gangrene or suppuration must be present. The pulse and temperature not being alarmingly high does not contra-indicate an operation.

Types of Leprosy

In the Queensland Government lazaretto for lepers, four types of the disease were classified — tubercular, nodular, anæsthetic and mixed. The inmates varied from forty to forty-six during the year, and eight died.

Medical Duty of the State

An Australian medical journal says that certain forms of medical activity cannot be undertaken by the doctors individually. The prevention of disease can only be accomplished by the co-operation of many agencies. The proper authority to bear the responsibility is the constituted health authority under the control of the government. Success depends on the degree of compulsion that can be exercised; and the power of the law is necessary, and alone is sufficient, for the purpose of preventive medicine.

A Practical Bandage

A bandage for the thorax is described in one of the medical journals as being simple and effective. Two three-inch gauze bandages are used. With one bandage three circular turns are made around the chest, close under the arms. The end of the second bandage is covered in one of the turns; it is then carried over the shoulder and down to the scapular region, where it is again caught in the circular turn of the first bandage and carried back over the shoulder, to be caught again in front by another circular turn of the first bandage. The process is repeated until the desired area is covered. If it is wished to cover both shoulders, a third bandage is used at the same time. It will not slip or work loose.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A Justin Avenue,
Fleet and Doley Streets,
Winnipeg.

Saskatchewan
Miss Edna Morgan,
Normal School,
Regina.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver.

MISS ELIZABETH BREEZE, R.N.
Chairman of Section
125 Vancouver Block, Vancouver, B. C.

A COURSE IN DISTRICT NURSING AND PUBLIC HEALTH FOR THE PROVINCE OF NEW BRUNSWICK

In an effort to supply the imperative need for district and public health nurses in the Province of New Brunswick, the Saint John Branch of the Victorian Order of Nurses for Canada, with the co-operation of the New Brunswick Division of the Canadian Red Cross Society and the Department of Health of the Province of New Brunswick, will institute a post-graduate course in district and public health nursing.

The inauguration of this course at the present time has been made possible by the great liberality of the New Brunswick Division of the Canadian Red Cross Society. The course will be affiliated with the University of New Brunswick, which institution will grant certificates to those students who pass successfully the examinations at the conclusion of each term.

This course is open to nurses in good standing who have graduated from a recognized training school connected with a hospital of not less than fifty beds and giving a three years' course of instruction, and who are eligible for registration in the Province of New Brunswick.

The course will consist of four months' instruction, divided between academic work and field and observation work. The aim is to afford such instruction to graduate nurses entering the public health field as will assist them in dealing with the problems of sanitation, economics and education that will be met with in a public health nursing service, and give them a broader view of present-day nursing conditions and training in district nursing. Special emphasis will be placed upon the public health programme in this province.

Whilst taking the course, the students will reside at the Victorian Order Home; they will have free living expenses, and receive the sum of twenty-five dollars per month.

At the completion of their training they will be expected to give one year's service to the Province of New Brunswick, at a minimum salary of one hundred and fifteen dollars per month.

There is a demand for district nurses and public health who can speak French or both languages; this is especially true of the northern part of the province. Without this, school inspection and child welfare cannot be done. It is hoped that graduates with these qualifications will avail themselves of this opportunity.

The general scope of the work is outlined as follows:

I. Academic Work.

1. Twelve lectures in each of the following:
   (a) District Nursing,
   (b) School Inspection,
   (c) Communicable Diseases,
   (d) Modern Social Problems,
   (e) Nutrition.
2. Six lectures in each of the following:
   (f) Teaching Principles,
   (g) History of Nursing Education,
   (h) Social Service Problems,
   (i) Immigration,
   (j) Personal Hygiene,
   (k) Medical Aspects of Infant and Maternal Welfare,
   (l) Tuberculosis,
   (m) Sanitation.
3. Lectures on
   (a) Provincial Legislation,
   (b) Municipal Departments of Health,
   (c) Delinquent and Deserted Children Act,
   (d) Voluntary Organizations, etc.

II. Field Work.

1. The students will receive, under trained supervision, instruction and experience in the actual operation of all phases of district

nursing and public health, as it pertains to the home, the family, the patient.

2. Visits to all institutions, in and about the city of St. John, which have to do with the health or welfare of the community.

A syllabus of the course of lectures, with lecturers, will be issued at a later date.

Dr. Arabella MacKenzie has recently been appointed to the staff of the Massachusetts-Halifax Health Commission to direct the work of the pre-school age dental clinic at Admiralty House Health Centre, Halifax. This is said to be the first dental clinic in the world that will limit its work to the pre-school age period. The dental clinic will co-ordinate the dental work with the various medical clinics, child hygiene, nutrition and posture. Nutrition of the teeth as well as dental prophylaxis will be featured as essential to oral health.

Dr. F. W. Tidmarsh, after having taken a special course in conducting nutrition clinics in Boston, has been appointed to the same staff for the purpose of organizing nutrition clinics in the Commission's health centres in Halifax and Dartmouth. These nutrition clinics will be organized for undernourished pre-school age children and school-age groups.

Dr. W. Alan Curry has accepted an appointment to organize posture clinics for the Massachusetts-Halifax Health Commission. To this service children will be admitted, after such handicaps as adenoids and tonsils have been removed, and the teeth having been placed in the best of condition it is possible to put them in.

These three services will be watched with the greatest of interest by the medical and nursing profession, and by all public health workers.

Canadian Publications

In the old days the Canadian weekly or monthly was able to live on its regular one-dollar-a-year subscription. Now, on the one hand, far more is demanded of a paper, in size and quality, and on the other hand the cost of paper and printers' wages has risen high; yet the editor who puts up his price to two dollars a year is liable to be regarded as a profiteer by some, and dropped by others. Altogether, the lot of the editor of a Canadian weekly or monthly magazine is not a happy one.

—Selected.

A handful of dried lavender covered well with boiling water deodorizes pleasantly and effectively any lingering odor in the sick-room. The fumes are delicate to the most sensitive nostrils, and it is preferable to the ordinary pastilles.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

THE HOSPITAL FOR SICK CHILDREN.

The Cubical Method and Equipment for the Care of the Infant.

By Marion C. Starr, Supervisor, Infant Department.

For those who are interested in the Infant and are unable to visit this special department of the Hospital for Sick Children, this article is written, with the object of giving our readers a general idea into the system of the Infant Department and the advantages of the cubicle system.

This department has accommodation for sixty-five babies, ranging from one hour to eighteen months of age, and the floor is divided by a central corridor; opening off this are small and large cubicles, each small cubicle accommodates three babies and the four large cubicles accommodate five.

Fresh Air Balcony

At the end of the corridor is a large airy balcony, closed in by glass windows and heated by hot water coils.

The Cubicles

Each cubicle is provided with its own ventilating and heating system, also hot and cold running water.

In these cubicles we see the babies' cots, which are lined with a quilted pad containing a pocket, where a bottle of drinking water is kept. This water is sweetened with saccharin, 1 grain to one quart of water, which is given frequently, and the amount taken is recorded on the chart. We find everything necessary for the care of the baby in each cubicle, even to its thermometer.

On admission to the hospital the baby is examined carefully for any sign of infection, such as head cold, discharging ears, etc., before being placed in its cot. The child is also weighed and the weight recorded on a chart. A tape band, on which its name is written, is tied securely around the arm.

The nurse, when caring for the babies, washes her hands thoroughly before going from one child to another. They are only permitted to be taken out of their cubicle twice a week to the "Weighing Room," where the weight is recorded.

Great care is taken in placing the patient according to its complaint, and only by segregating the different diseases in cubicles specially designated can we hope to avoid cross-infection. For instance, one cubicle may have babies with Respiratory diseases, another with Otitis Media, another with Skin infections, Congenital Syphilis, and so on.

After the baby has been examined by the Staff Physician and the House Physician, it is adopted as one of the family and is treated as such until the day of discharge.

The Premature Rooms

There are two premature cubicles on this floor which are always occupied; the main purpose of these rooms is the caring of the premature babies and of delicate infants whose temperatures are continuously sub-normal. These cubicles are provided with extra heating coils, which makes it possible to keep the room at an even temperature of 80 to 85 degrees: the other cubicles on the floor are kept at a temperature of 65 to 70 degrees. The premature babies may be six months or eight months premature, and their range of weights is interesting. Each morning baby is given an oil rub, is weighed, its weight recorded and then dressed in a woollen jacket. The babies are fed by means of a Breck feeder until such time as the mother is able to come to the Hospital to nurse her infant. It is very interesting to watch the weight chart of these tiny tots, and great delight is expressed when one notes the gradual increase in the weight.

Wet Nurses

On this floor provision is made for wet nurses, where they have a room and bath and are able to care for their own babies. They supply the prematures and others which we call our bad feeding cases with the necessary mother's milk.

The Observation Room

In this cubicle special cases are treated and watched; special equipment being used for the collecting of all urine and feces, and this demands the undivided attention of a nurse in order that all excreta collected be sent to the chemical laboratory in an accurate manner.

For the Pneumonia babies the balcony spoken of before is used. It is especially beneficial to these babies, in that it gives plenty of fresh air and sunshine, having a southern exposure (temperatures may be regulated to suit babies' condition). With these desirable conditions, many a child's life is saved.

The Feeding Pantry

This is a very interesting and important feature of the department; here we find a nurse in charge whose duty it is to receive all feedings from the Modified Milk Department, also to see that baby's feeding is

heated and given out on schedule time. The feedings are heated by placing a crate which will contain thirty-two feedings in a special container filled with sufficient water at a stipulated temperature for a period from twenty minutes to half an hour. A thermometer is secured at the corner of the crate so as to avoid any danger of over-heating the feeding. For the older babies specially prepared diets are served.

A laboratory where all routine examinations are made, treatment room, chart room, nurseries and a linen room, complete this department.

Visiting

The parents are permitted to visit their babies once a week, viewing them through the glass partitions of the cubicles. Considerable time is spent by the House Physician or Nurse explaining the baby's condition, resulting in the parents going away satisfied with the care their babies are receiving.

When it is necessary for a parent to enter a cubicle, such as a nursing mother, or when a baby is seriously ill, she takes a gown with hood attached from a box marked "Sterile Gowns," which completely covers her; this precaution is taken to avoid any danger of carrying infection into the cubicle. Should it be necessary for the mother to visit frequently, she leaves her gown on a rack in the cubicle provided for that purpose, and can use it for several visits, after which she discards it in a box marked "Soiled Gowns."

When a baby is discharged, the Social Service Department is notified, and the nurse in the district where baby lives visits the home to see that all treatment is being carried out according to instructions, and that the mother brings the baby back to the Child Welfare or Well Babies' Clinic once a week, in order that the physician may examine it and feel satisfied that baby is thriving.

Put down the passions that make earth Hell!
Down with ambition, avarice, pride,
Jealousy, down! cut off from the mind
The bitter springs of anger and fear;
Down, too, down at your own fireside,
With the evil tongue and the evil ear,
For each is at war with mankind.

Maud.

Washcloths made of squares from soft old white stockings are just the thing for the new baby. These washcloths may be buttonholed or brier-stitched in any color preferred, and are much softer and nicer than anything that can be purchased for the purpose.

The World's Pulse

By Elizabeth Robinson Scovil

Wig by Airplane

The wig which Sarah Bernhardt had ordered to wear in her new play, "Daniel," did not reach Paris on the day of the first production. It had been ordered from her London wigmaker, and there had been an unforeseen delay. She telephoned; but it was too late to catch the morning train to Paris—the daily London-to-Paris had already gone. Bernhardt immediately ordered it sent by special airplane. The wig cost $35.00; its transportation, $350.00.

Oxford Confers Degree on the Queen

The first use Oxford has made of its new power to confer degrees on women is to bestow the honorary degree of Doctor of Common Law on the Queen. She is to visit Oxford to inspect the women's college there, accompanied by the Princess Mary.

A New Treatment for Leprosy

The daily press reports that Sir Leonard Rogers, professor of pathology at Calcutta, has added salt to the chaulmoogra oil, which has long been used in the treatment of leprosy. This seems to render it much more efficacious. It is injected intra-venously. In one case a leper regained his sight; in another, the sense of touch was restored. Several cases have remained apparently cured for two and a-half years. A preparation of cod liver oil is now being tested in Indian leper hospitals.

A Fast of Thirty Days

Marie Lipinska, a well-known Polish woman doctor, practising in London, fasted for thirty days recently. She says her intellectual faculties were practically suspended; her memory acted very slowly; she was incapable of thinking, reading, writing or talking.

X-Ray Snapshots

A new photographic plate has been perfected which is twenty-five times more rapid than any in use hitherto. It is now possible to take radiographs of the heart, lungs or stomach in a fraction of a second. This lessens the risk of exposure to X-rays for both patient and operator. Photographs of organs in the living body now appear perfectly distinct. Under longer exposure the natural motion caused the photograph to be slightly blurred, rendering diagnosis more difficult.

Chinese Wireless Stations

Five wireless stations have been erected in China by an American company. Two are at Shanghai, one at Hankow, one at Pekin, and one at Harbin. The Japanese legation has protested against the arrangement.

A Fertilizer from the Air

The British have penetrated the secret of extracting nitrogen from the air by chemical methods. It will be possible to produce all that the land of the country needs, and this with much less expenditure of power than is necessary in the methods in use in other countries. Nitrogen is also an element in the most powerful explosives.

Canadian War Memorials

The Dominion Government has decided to hold a competition for the design of the Canadian War Memorials to be erected on the battlefields of France. Judges are to be chosen from the Royal Architectural Institute of Canada, the Societe Centrale des Architects Francais, of France, and the Royal Institute of British Architects. They will meet in Canada this spring to arrange the details of the competition.

Relics of General Wolfe

A number of relics of General Wolfe were sold in London recently. Among them were the secret instructions from George III. to him before the capture of Quebec. They say, in part: "In case you shall make yourself master of Quebec, our will and pleasure is that you do keep possession of the said place, for which purpose you are to appoint, out of the troops under your command, a sufficient and complete garrison." Thirty autograph letters from Wolfe to General Robert Monkton and Wolfe's draft articles for the capture of Quebec were also sold.

Measuring Light

It is stated that the term candle-power, as the unit of light measurement, will be displaced by the "lumen," a unit that takes into account not merely the intensity of the light in a given direction, but the total flow of the light from the illuminating source.

Wireless of the Wild

A letter to an English newspaper says that an educated Australian aborigine stated, in a lecture on native customs, that messages were sent long distances by means of thought transference. Smoke signals were used by the senders to warn the receivers to put themselves in a receptive condition.

Climbing a High Mountain

The ascent of Mount Everest, the highest peak in the Himalayas, is to be attempted by members of the Royal Geological Society. This is the last, and perhaps the hardest, of the great adventures, now that the North and South Poles have been conquered. It is 29,140 feet high.

Canadian Army Medical Nursing Service Department

Matron H. E. Dulmage, A.R.R.C., has been transferred from the Westminster to S. C. R. Hospital, St. Anne de Bellevue, P. Q.

Her friends will regret to learn that the health of Nursing Sister E. M. Wimbush necessitated her removal to Rockwood Hospital, Kingston.

Nursing Sister M. K. Lindsay and her sister have taken a five-year lease of the Inn at Wakefield, P. Q., and are busily engaged in re-furnishing and modernizing the premises in preparation for patrons. Ottawans are greatly interested in Sister Lindsay's scheme and are already looking forward to holidaying and week-ends at the Wakefield Inn.

Nursing Sister M. O. Lindsay, A.R.R.C., has been holidaying in Honolulu and is now in San Francisco. A contribution from her pen would be very acceptable.

Nursing Sister E. M. Whitney, A.R.R.C., is visiting friends in Fredericton, N. B.

Nursing Sister M. C. Vadenais is at present engaged in private nursing in Ottawa.

Nursing Sister Bertha P. Creelman has accepted the position as Superintendent of the Ashtabula General Hospital, Ashtabula, Ohio, and Nursing Sister Louise I. Lanktree is Instructor of Nurses at the same institution.

Mrs. Sanford Fleming and Mrs. Gibson (nee Nursing Sister D. Couillard) announce the opening of an antique shop in Ottawa on February 24th. The venture should prove a huge success.

Envious eyes are turned towards the announcement that a house in Cavendish Square, London, has been acquired for the United Nursing Services Club. In addition, charming out-of-town premises have been bought for the use of ex-service nurses during their holidays. When may we hope to publish a similar notice concerning the C. A. M. C.?

Nursing Sister Lucy Saunders has been appointed Assistant Superintendent of Nurses, Winnipeg General Hospital.

Nursing Sister Frances McNally is on the staff of the King George Hospital, Winnipeg, Man.

Nursing Sister Jessie Barrow, who had been ill for some time, has resumed private nursing.

Nursing Sister E. LeRoy, Night Supervisor of the Winnipeg General Hospital, has accepted the position of Assistant Superintendent Nurses, Broad Street Hospital, New York. Sister LeRoy will be glad to welcome any of her old friends at 129 Broad Street, New York City.

Nursing Sister Annie Mitchell, A.R.R.C., is Night Supervisor of the Psychopathic Department, General Hospital, Winnipeg, Man.

Nursing Sister M. McGillvray is in charge of the Private floors, Winnipeg General Hospital.

Nursing Sister A. H. Nelson, A.R.R.C., was the guest of honour at a delightfully arranged tea given by Miss Maxwell, Superintendent of the Training School, St. Luke's Hospital, Ottawa. The occasion was by way of a farewell to Sister Nelson, whose marriage to Captain H. Robillard, S. C. R. Hospital, Ste Anne de Bellevue, took place a short time ago.

Nursing Sisters M. G. Gould, V. Rae, M. F. Lavell, N. Morkin and F. West, A.R.R.C., are attending the Public Health Course at the University of Alberta.

It is of interest to learn that the overseas sisters resident in Edmonton have formed an association. Details are not at hand. If this meets the eye of the President, it is hoped she will communicate.

Nursing Sister E. A. Thom, A.R.R.C., who joined the American Red Cross, is serving with the Near East Relief Expedition in the Caucasus.

Owing to a typographical error, the name of Nursing Sister Edith Hegan, R.R.C., whose engagement was announced in the February issue, was given as Nursing Sister Edith Regan.

The list of competitors in examinations held recently throughout the Dominion for positions vacant in the Civil Service included a few Nursing Sisters. The result is being awaited with interest. The appointments in question are: Principal Woman Immigration Officer: Minimum salary of $1800 per annum; maximum, $2280. Preference given to applicants from the Provinces of Quebec and New Brunswick. Principal Woman Emigration Officer: Minimum salary, $1800 per annum; maximum, $2280. Vacancies required to be filled at London, Eng., Liverpool, Eng., and Glasgow, Scotland. Assistant Principal Woman Emigration Officer: Initial salary, $1380; maximum, $1740. Vacancy at London, Eng.

In all these appointments the initial salary is supplemented by whatever bonus may be provided by law.

In St. Andrew's Presbyterian Church, Ottawa, on Sunday morning, February 6th, a tablet erected in memory of the late Matron Margaret H. Smith, R.R.C., was unveiled. The memorial sermon was preached

by Major, the Rev. G. D. Kilpatrick, and the unveiling of the tablet was performed by Mrs. Arthur Meighan, wife of the Honourable the Premier.

The tablet, which is of handsome design, occupies a prominent place beneath the choir gallery and bears the following inscription: "In affectionate memory of Matron Margaret Heggie Smith, R.R.C., and Bar. Died 12th May, 1920. A Member of the C. A. M. C. Nursing Service since 1902. Served in the South African War and over five years in the Great War. This Tablet is erected by the members of the Overseas C. A. M. C. Nursing Service."

The ceremony throughout was most impressive. Rev. Mr. Kilpatrick referred feelingly to the life of service and sacrifice led by Matron Smith, and pointed out the relation of such a life to other lives dedicated to Christ. There were three points of contact: 1, the inspiration of love; 2, the swift recognition of need, human and divine; 3, a measureless sacrifice.

These things, the preacher said, should call forth notes of thanksgiving and pride, as in the old days, at an hour of sacrifice, they sounded the trumpets and sang the songs of the Lord.

The memory of Matron Smith, Rev. Mr. Kilpatrick said, should lead to a high resolution to keep faith with those who died for the nation.

As the preacher delivered the words "To the glory of God and in pride and loving memory this tablet is now dedicated," Mrs. Meighen pulled the cord and a thin silk Union Jack fell away and revealed the tablet. This was followed by a brief dedicatory prayer and the singing of the Doxology.

* * * *

HOW I CAME TO THE Q.A.I.M.N.S.R. AND FOUND THE WAR

When I actually stood on the threshold of a British war hospital, I had stage fright. Absolutely. It was utterly unlike any other hospital ward I had ever seen.

It was a bright sunny morning in Lancashire. The doors and windows were open and there were birds twittering in the rose bushes. The ward was very long and wide. The floor was shining, a yellow pool of paint and polish that glistened like glass from many applications of beeswax. Visioning myself skating across the slippery floor, I advanced with caution.

A grimfaced woman with the scarlet stripes of seniority on her arm advanced, eyed me coldly and said:

"You will do dressings." Then she walked away.

I tried to appear calm. As a matter of fact I was very much fussed. And I wanted to run away.

Two rows of narrow black iron cots extended the entire length of the ward. They were covered with scarlet-flowered spreads, and each pillow had a snowy slip. The top sheets were turned back over the spreads with methodical precision, exactly eighteen inches, as I learned in time. We measured with a yard stick.

Nearest the entrance door, in the space where I stood, was the Day Room. It was a revelation to me. Here patients' meals were served at the two long tables of yellow oak, which, uncovered, shone like the polished floor. There was a long steam table, zinc covered. An electric stove, cornered off with a scarlet screen. Leather chairs, a billiard table, a piano, a victrola and two couches with piles of pillows that spilled over against a well-stocked book case.

Hopelessly, I tried to readjust my New World ideas of hospital wards to this light housekeeping, recreation-room effect, flanking the long rows of occupied beds.

There were potted plants standing around, too, in this surgical ward, rubber plants, and long, trailing, feathery stuff, and ferns. There were birds trilling in cages in the sunny windows, and saucy red geraniums on the window sills.

Firmly fixed hospital traditions of shining nickel and white enamel, of glass-covered tables, and the elimination of all unnecessary furniture loomed accusingly in my mind. And still I stood, marooned on that shiny yellow floor, wishing that it would open and swallow me up.

I learned, however, to appreciate that Day Room mightily.

A bright-faced Irish nurse with a little lace-trimmed cap and a huge bow tied under her chin rescued me, and undertook to show me how to "do dressings."

Quiet-voiced, capable, she piloted me down the long ward, explaining, as we approached each bed, the nature of the wound, the dressing to be applied, and the stage of injury. There was no ostentation about her, and quickly I recovered self-confidence. As we went we wheeled a cart from bed to bed, the dressings and basins and bottles piled upon it, with towels and sterile gauze. They called it a trolley.

I think I shall never forget the first wound I saw. A youth sat propped up in bed, his right arm extended on a bedside table. The while the little Irish nurse was deftly cutting bandages. She said:

"Explosive bullet—shattered ulna—saline dressings, no drainage, inclined to haemorrhage."

I was gazing in horror at the scarlet-soaked gauze, the splinters of bone like bits of ivory, and the shapeless mass of mangled flesh above a slender boy's hand.

I suppose my distress was written on my face, and just for an instant things slanted precariously. But I refused to faint, and, as I struggled for that elusive "calm," the boy said simply: "It doesn't hurt, Sister."

No one had ever called me Sister before, in the army. I was to know the wonder of being a sister to these lads in practically every sense of the word, and the word at that moment had a magical effect on me.

I was no longer an outsider. The little green valley across the sea was far behind. So far, my knowledge of the war had been mostly fluttering flags and brass bands, with, of course, the glimpses of wounded soldiers we had had in London.

Now I was on the inside, with the boys, in the big game of Life and Death. And mine was the privilege to help.

I did that dressing myself. And I did it slowly, but my hand was steady. And I was glad, because "it did not hurt."

From bed to bed we went, until at the end of the morning we trundled our trolley back to its corner behind the scarlet screen. We scrubbed our hands with ether soap at an open window overlooking a thicket of gorgeous rhododendrons, in the shade of which some boys in blue sprawled idly, their crutches near at hand. And this was the war.

It was twelve o'clock. The morning had gone, and I wasn't even tired. In fact, I was anxious for more dressings to do. I knew the meaning of war at last, and there could be no going back, no talk of peace with an enemy like ours.

The ward sisters and orderlies lined up behind the steam tables. There were white cloths on the oak tables now, and dishes, and silver. It was all scoured and shining, too, and the dishes were white with the King's crest in blue. Fascinated, I watched my first "ward dinner" being served.

The convalescing patients formed in line and waited their turn. A few helped the orderlies to carry the food to the men in bed. There were many willing hands, and the work went quickly.

The charge sister, who was really very kind and nice in spite of her frozen face, tied a clean towel around her waist and served the dinner, piping hot, from the steam tables. There were meat and potatoes, a second vegetable, and a milk pudding. One thick slice of bread was served to each man, with a glass of milk or water.

It was fun serving the bed patients, for, of course, they received theirs first. There were no trays. The plates were carried from bed to bed, the men had their own knives and forks and spoons, and a V.A.D. carried around salt and pepper and bread. Soon all was a-clatter with the business of eating.

When the bed patients were served, the men in line sat down at the tables, and were served by the orderlies.

When the meal was over, the men cleared away the tables, and shook the tablecloths in the garden, and folded them up with great attention to creases. They were as careful about folding those tablecloths as they were about folding their blankets on inspection mornings.

Quite recently, there had been heavy storms at sea, and millions of gulls had been driven inland in search of food. The soldiers saved their crusts to feed them, and that is why they shook the tablecloths in the garden. The gulls flew, screaming, in grey clouds, after each meal.

Then a little group of soldiers gathered around the piano; a few knocked billiard balls aimlessly. There were four fireplaces, and, though the day was bright, it was still chilly, and red fires crackled on the hearths. The boys gathered around the fires, and soon the air was sweet with the scent of woodbines.

That very hour I began to appreciate the meaning of a Day Room. It was a regular community center, and the boys called that one "The Better 'Ole."

It was a happy, busy life we lead after that. The day began at six o'clock, when the maids rapped at the doors in the Nurses' Quarters. The seniors had tea before they arose, one of the few things we envied the seniors in the British army. Their life, for the most part, was a thing of endless trial and tribulation, of checking supplies, of interviewing irate colonels and quarter-masters. And the matron, an inaccessible person of castiron countenance, who carried a sheaf of keys at her belt and bristled with self-esteem, was no easy taskmaster. Happily for us, we encountered her but seldom. The seniors were her mediums of exchange. And after all, the seniors were the women who managed that vast hospital. Efficiency, capability and good management oozed from their fingertips.

The hospital, with four thousand patients, and a small army of scrub women and orderlies and attendants, was like a big machine, that moved by clockwork. No need to look at one's watch as the tea hour or the dinner hour approached. For the clanking of milk carts along the long stone corridors, the odor of tea as it passed in big kettles, was sure to correspond with the time of day. Punctuality was the password there.

There were the busy mornings, the two hours a day off duty, in the afternoon, when the nursese for the most part slept, or sewed; the brief intercourse at tea-time, before the return to the wards, when little knots of women gathered around the tea tables, to drink tea and eat thin slices of bread and butter, to say "Have you had any mail from Canada?" or "Do you like your ward?" or "I'll see you after dinner."

Dinner was at nine o'clock, when the day was over. The Sisters' Mess was a long low room, all tables and chairs, and the center of gravity was the mail table. After we had passed the first stages of torture and disappointment over delayed mails from Canada, we learned

to comfort ourselves in the thought that when the mails did come there would be more than one letter. And we got the "London Times" habit. It sounds unbelievable now, but the London Times was the only paper that carried a long, daily list of casualties. And at that time it ran a double page of casualties, in small agate print. The autumn papers doubled the space devoted to "Killed, Wounded and Missing."

And every woman who approached the mail table took her turn at scanning the casualty list. Sometimes a little exclamation, a smothered sob, a hasty crumpling up of the paper, and the flutter of skirts as she left the room suddenly proclaimed all too eloquently that one of the British women had found the name of a brother or a sweetheart in the list. The next day she would be back on duty with a calm face, a quiet voice. And there was nothing to be said! "I'm sorry" sounded idiotic.

And so we went on, drawn to that casualty list as a bird is fascinated by a snake, and aware, as time went on, that the space devoted to casualties was ever on the increase.

Then, after dinner, there were the walks to the little village, the expenditure of a few pence upon biscuits or sweets, as the British call candies, and the quietness of an English landscape at night.

The birds sang in the garden after dusk. The little village at our gates, with its crooked street among the copper beeches, its sandstone houses, and its whitewashed cottages, echoed the laughter of little children. Women and men who were too old to fight worked in their gardens in the twilight, training roses or clematis up the whitewashed walls, leaning over their gates, and talking in low tones about the war.

The old church, where Cromwell had stabled his horses, stood on a little hill behind the hospital, and around it crumbling headstones and mossy graves made peaceful shadows. There was a "sexton, old and grey," and sometimes the organist, an old man with long white hair, played in the evening. Then we would sit on the gravestones and listen to the music that flooded in golden melody into the peaceful pastoral prettiness of an English maytime.

Across the green fields, beyond the stately elms, and the yellow sweep of gorse bushes, lay the Irish sea like a smudge against the sky. And a few miles away, the cotton factories, the munition factories, the soap factories, belched smoke into the sky.

Sometimes, if the days had been fairly "easy," we walked into town, three miles away, just for the sheer gratification it gave our curiosity to get so close to the factory types of England. The old taverns with their quaint, absurd names amused us. There was the Fox and Goose, the Green Hind, the White Bull. There was the shop with the creaking sign which read "Cows Heels, Tripe and Sheeps Heads." And there were the fish shops that smelled so vilely, and the butcher shops that opened on the pavement.

But it was the part of the city where the factory hands lived that

fascinated us. The women in shawls and wooden shoes, clattering over the cobblestones, with their pails of beer, their hair forever in curl papers, their babies forever unwashed and unkempt, crying in the streets. And their men, one and all, in France. They were carrying on, these poor, untutored women of the shawls and clogs, and the pity of it all was that they scarcely knew what it was all about. They only knew that it was war, and that their men had gone.

With their Lancashire dialect, they might have been talking Greek to us. But we passed them in the streets, and we knew another side of the great war. The side that could have no comfort in the knowledge of heroic deaths, the unschooled, untaught minds that groped along, breathing factory smoke and smells all day long; the bodies that were old before their time. For they resented the war as a thing that took their men away from them; a thing that seldom sent them back. And at first they resented our very appearance in uniform. They thought we should have been working in the factories. But in time, as their men came back, and they came to know us in the hospital, where their men lay, we knew the philosophy, the kindliness of these harsh-voiced women, who swore and drank at their doorsteps at night, in the place we called the slums.

Will some one say, then why not ill for good?
Why took ye not your pastime? To that man
My work shall answer, since I knew the right
And did it; for a man is not as God,
But then most Godlike being most a man.

—*Love and Duty.*

Helpful Hints

Rub tar stains with salad oil until the stained fabric absorbs it. The tar may then be completely removed with benzine.

Alcohol will remove grass stains.

To remove pus stains from muslin, pour a pint of cold water over a cup of chloride of lime. Let it stand over night. In the morning saturate the stains with vinegar and pour over them the chloride of lime water. This method will also remove ink, fruit, and rust stains.—M. R.

A child will often put a bean, pea, pebbles or a large bead up its nose, much to the distress and alarm of its mother; but the obstruction can almost always be quickly and painlessly removed by holding the child's head firmly, placing one finger over the free nostril and instructing the child to "blow hard" through its nose, while the mouth is closed—the offending foreign body will then fly out with considerable force.

Hospitals and Nurses

NOVA SCOTIA

Yarmouth

Miss Alma Hopkins, the first graduate from the Yarmouth Hospital, was married May, 1920, to Mr. J. M. Walker, Mayor of the town of Yarmouth.

Miss Marion Durkee (1915) is on duty at a private hospital on Back Bay Road, Boston, Mass., and Miss Winnifred Kavanagh holds a position at the Private Maternity, Providence, Rhode Island.

Miss Winona Durant is on the staff of the V. O. N. in this city, and Miss Beveridge is doing Public Health work, also, in Yarmouth.

Miss Evelyn Atkinson (1919) is Assistant Superintendent, and Miss Enid Caldwell (1920) Night Superintendent at the Yarmouth Hospital.

Miss Lavina Adams (1917) is Superintendent of the Ainslie Hospital, Truro, N. S.

Miss Florence Holmes and Miss Evelyn Purdy graduated September, 1920, and have accepted positions in Dr. Meade's Private Hospital, Halifax.

Halifax

The annual meeting of the Halifax branch of the V. O. N. was held recently, and a very gratifying report was made of the work done. Beginning the order work in Halifax with two nurses in 1902, the organization now has a staff of eleven, who made altogether 24,676 visits. The many speakers showed their appreciation of the work of Miss Luxon and her staff, and at the same time emphasized the need of more money in order to maintain the present staff of nurses and accomplish the same work in the ensuing year. The V. O. N. has worked in close touch with all the other agencies working for the health of the community, and has accomplished a wonderful work and reputation in the city for efficiency and service.

At the February meeting of Nova Scotia Graduate Nurses' Association, members had the privilege of listening to a most entertaining and instructive address from Miss Hayhurst, Field Secretary of the Royal Canadian Society for the Blind. Although only incorporated in 1919, this society has already accomplished excellent results in improving conditions of the blind in Canada.

One hundred and ninety-two Canadian soldiers were blinded during the war. One hundred and twenty-six of these were trained, and are now self supporting. The library in connection with Pearson Hall,

Toronto, the Residential Training School for Blind Soldiers, contains 13,000 vols. of Braille. These volumes, despite their enormous weight, are circulated, post free, throughout the Dominion. In civilian life, one blind person for every thousand of the population is the average statistical proportion. Nova Scotia, according to the census, registers a population of 492,238, and 515 blind residents. Satisfactory reports are received from the various workshops for the blind established throughout the Dominion. They are located at Halifax (1), Toronto (2), Winnipeg (1), Vancouver (1). A concrete broom factory in the north end of Halifax is almost completed.

Of the excellent work accomplished by the sight-sewing classes conducted at the Lower Road School, Halifax, with its well-equipped school-room, the only one of its kind in Canada, Mrs. Heyhurst spoke with great enthusiasm. She also paid high tribute to the genius and enterprise of Sir Frederick Fraser, Superintendent of the Halifax School for the Blind, and a Vice-president of the National Association.

A brief business session preceded the address. New members admitted were: Nurses Goddard, Best, Ethel Elliott and Elizabeth Purcell.

War Memorials.—In commemoration of Nova Scotian nurses whose lives were sacrificed during the war, it has been decided to endow in perpetuity a "Cot" at the Halifax Children's Hospital. For this purpose it will be necessary to raise $2000. About $450 of this amount has already been secured.

The Alumnae Association of the Victoria General Hospital has decided on erecting a bronze tablet to the memory of graduates who died on active service. A substantial sum, it is understood, has also been subscribed toward this memorial.

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NEW BRUNSWICK

About 400 people attended the dance and bridge recently given by the Alumnae Association of the General Public Hospital, St. John, N. B., and were unanimous in the expression of the opinion that it was one of the pleasantest and happiest of recent social events. The general convener was Miss Maud Gaskin, and the members of the reception committee were Miss Mitchell, president of the association, Mrs. R. D. Smith, and Mrs. Fred Dunlop.

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QUEBEC

Montreal General Hospital

Miss F. Upton (1908) has accepted the position of Superintendent of Nurses at the Protestant Hospital, Sherbrooke, Que.

Miss M. Earle (1916) and Miss E. A. Daly have accepted positions at the Lawrence Hospital, Bronxville, N. Y.

Miss E. L. Dickie (1910) has charge of the emergency work at the Laurentide Paper Mill, Grandmere, Que., and Miss E. Gruar with the Imperial Tobacco Co., Montreal.

The sympathy of the graduates is extended to Miss Mary McRae (1908) on the death of her mother, which took place in Campbellton, N. B., in January, and to Mrs. J. Woods Price (Sophie Hoerner, 1898), on the death of her infant daughter and her own serious illness.

Miss M. J. Barry (1910) is Superintendent of the General Hospital, Swift Current, Sask.

Miss Edith Conrad (1918) and Miss Annie Harris (1916) are convalescing, after being patients in the hospital for some weeks.

Misses Della Ingraham (1908) and Olive McKay (1905) are on the staff of the S. C. R. at Ste Anne de Bellevue, Que.

Miss Charlotte McNaughton (1904) has resigned from the S. C. R. and is visiting in California.

Royal Victoria Hospital

The Alumnae meeting of February 2nd was addressed by Dr. E. C. Levine on the subject of "Blood Transfusion." Dr. Levine, who has met with great success in this branch of his work, made his subject most interesting and instructive. He exhibited the apparatus which he uses, part of which is his own invention.

Invitations have been sent out by the R. V. H. Alumnae for a dinner to be held at the Ritz-Carlton Hotel in honor of the graduating class of 1921. The class numbers 41 members.

Miss Olive Rand, of this year's graduating class, has taken a position at the Montreal Maternity Hospital.

Miss Katherine Stead, who has been on the operating room staff for several years, is leaving in March, and will visit her home in England shortly.

An interesting letter was received a short time ago from Miss Margaret Woods (1914). Miss Woods is at present at the S. C. R. Hospital, Esquimalt, where she is convalescing from a long and severe illness contracted overseas. She speaks of having seen several R. V. H. graduates in the west, among them Miss Mable Patterson (1913), and Miss Charlotte Jack (1914), now Mrs. Robertson.

Western Hospital, Montreal

Miss Muriel McKee (1917) has accepted a position as Assistant Superintendent at the Toronto Western Hospital, and Miss Marjorie Reyner (1919) as Instructress of Probationers at the same hospital.

Miss Margaret Leavitt has returned from Ste. Agathe, after two months' duty at the Laurentian Sanitorium.

Miss Charlotte Nixon (1914) has resigned as Superintendent of the Sherbrooke General Hospital, and is now doing duty at the Montreal Red Cross Lodge.

Miss Phyllis Dean (1916) has accepted the position of Night Superintendent of the Montreal Western Hospital.

The first annual report of the Association of Registered Nurses of the Province of Quebec only covers a period of eight months. The Act was passed by the Quebec Legislature February 14th, 1920, and at that time the G. N. A. of Quebec was the Provincial Association. It was decided to dissolve and re-organize under the new name according to the Act. The provisional committee, consisting of the president, Miss DeLany, Miss Hersey, Miss Young, Miss Chagnon, Miss Seguin, Miss Guillemette and Miss Phillips, were asked to continue their offices till the end of the year. More than 800 applications have been sent out and 773 certificates issued, showing much interest taken by the nurses in this first year. Application has been made to the C. N. A. T. N. for affiliation, as, owing to the reorganization, the membership of the previous association had lapsed. The annual meeting was held January 25th in the Nurses' Club House, and was well attended by representatives from different parts of the province, as well as local nurses. Miss Delany, the president, in her opening remarks, stated that the members of the Association were from 58 hospitals. Three hospitals had lengthened their course to three years in order that their graduates might be eligible for their R. N. Miss DeLany also spoke of the scholarship granted to a member who is now attending McGill University, and said that it was the intention to grant another, and possibly two, during the coming year.

The election of officers resulted in the return of those who had served the previous year, the secretary casting the required ballot. Two most interesting and instructive addresses were given by Drs. Beaudoin and Desloges. The former spoke of the work of the Superior Board of Health, and Dr. Desloges on Venereal Diseases, illustrated by moving pictures. A social half-hour and refreshments brought the meeting to a close.

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ONTARIO.

Ottawa

The Ottawa nurses and their friends enjoyed an unusual treat when Dr. Maude Abbott, B.A., of McGill University, Montreal, gave an illustrated lecture on "Nursing Saints—Past and Present"—under the auspices of the Florence Nightingale Association, of Ottawa. A pleasing musical programme completed the evening's entertainment.

On invitation of Miss Catton, the President, Matron-in-Chief Macdonald occupied the chair.

The February meeting of the A.A. of the Ottawa General Hospital was largely attended, and, after the routine business, Rev. Father Cornell delivered an interesting address on "Nursing Ethics."

Sister Constance, who has charge of the teaching staff of the O.G.H., is taking a course in anaesthetics at the hospital.

Sister Flavia, of the operating room staff of the O. G. H., has left for Brooklyn to take a post-graduate course in operating room technic at St. Catherine's Hospital in that city.

Sister Valerie, of the out-door department of the O.G.H., accompanied Sister Flavia and will take the course in hospital record-keeping.

Ottawa C. C. G. P. Hospital

The Woman's Auxiliary—"Hospital Santa Claus," presented gifts to all patients and employees of the C. C. G. P. Hospital, Lady Stanley Institute and Annex.

The May Court Club, as usual, provided a Christmas tree for the children's ward. Mrs. Louis White was convener of the committee. Mr. Louis White acted as Santa Claus, and was assisted in distributing the gifts by Miss Cochrane, the "May Queen," Lady Rachel Cavendish, Miss Pelly, Lady Cobbold, Mrs. White and other members of the club.

The nurses of the Lady Stanley Institute presented a beautifully decorated tree and numerous gifts to Miss Ethel Moore, who is a patient at the Royal Ottawa Sanatorium. Miss Moore was a pupil of the L.S.I. Training School when she unfortunately developed the illness which for the present time incapacitated her.

Miss Mercie Grey (Mt. Sinai Hospital, New York), one of the charge nurses of the Protestant General Hospital, slipped on the icy streets recently and had the misfortune to fracture the neck of the left femur. She is improving steadily.

Miss Hazel Johnson, supervisor of the operating room, is recovering after an operation for appendicitis.

Miss Pauli, a recent graduate, is taking a post-graduate course in New York.

Miss Pauli was the "Cum Laude" graduate of the class of 1920.

Miss Hollingsworth has taken a position as office nurse to Dr. Klotz, after a post-graduate course in New York.

Miss Menzies (1920), has been appointed superintendent at Dr. Hagar's private hospital for Women.

Miss Barton succeeded Miss Busby as office nurse to Dr. Webster.

The following seventeen graduates of the L.S.I. Training School have married during the past year: Misses E. C. McKinnon, H. M. Kinnear, J. M. McCallum, N. E. Dawson, A. E. Dennison, M. L. McVey,

E. H. Hunt, M. J. Code-Wilson, A. McLean, M. Clement, C. Busby, M. Stewart, M. I. Tubman, B. Kirkpatrick, G. G. Beatty, G. E. Clement, N. B. Riddell.

Toronto General Hospital

Mrs. M. A. Moore (T.G.H., 1902), is spending the winter at Long Beach, California.

Miss Bella Crosby (T.G.H., 1901), after a course at the Agricultural College in poultry farming, has located on a small farm near Galt, and enjoys her new life immensely. Before leaving Toronto, friends gave a kitchen shower for Miss Crosby, and, from the array of gifts, her kitchen, as well as other parts of her new home, will be a constant reminder of friends of her profession.

Kingston

The Kingston Chapter of the G.N.A.O. held its February meeting at the residence, K.G.H. Dr. O'Hara, medical missionary in India, gave an interesting talk on her work and made a strong appeal for nurses. Miss Root, Boston, spoke of social service work and the forming of community centres. It was decided to hold a card party at Sydenham Hospital later, for the benefit of the Chapter.

Miss Carey, graduate of the Montreal General Hospital, has succeeded Miss Boskill as superintendent of nurses at the K. G. H.

Chatham

At the December meeting of the St. Joseph's Hospital A. A., after the routine business, a paper on Registration was read and a discussion on the proposal to have a private nurses section was enjoyed.

A splendid talk on Parliamentary Procedure was given by Mr. J. A. McNevin, which was most interesting. Hourly Nursing was taken up as a topic of discussion, and the meeting adjourned for a social hour.

Miss Lyle Masterton (1917) has accepted a position as school nurse at the Northwestern High School, Detroit, Mich.

Kitchener

The need of a thoroughly-equipped ambulance has been realized by all in Kitchener, and the K. & W. H. Alumnae Association have, after much work and personal canvassing for funds, purchased a McLaughlin ambulance, which supplies a long felt want.

The wish to hear good music has been expressed by the patients at the Freeport Sanatorium; the local store of Heintzman has donated a Victrola, and the Nurses Association provided a number of records for the machine.

Miss M. Scott (1918) has resigned her position in Allegan, Mich., and is doing private duty in Kitchener.

At the annual meeting of the K. & W. A. A., the former officers were re-elected. After routine business, flowers were presented to the president and a social evening followed.

London

The January meeting of the Victoria Hospital A. A. differed from most of their meetings in taking for their topic a talk of the "Life and Work of Robert Louis Stevenson." This was given by the City Librarian, Mr. Fred Landon, who gave a very interesting address. The business of the evening was chiefly the passing of a unanimous vote of appreciation to Miss Stanley, and regret at the ill-health which necessitated her resignation from the position she has occupied for so many years.

Miss E. MacP. Dickson, of Toronto, President of the C. N. A. T. N., was a visitor in London, attending the Dominion Social Service Council which was held January 24-27.

Local delegates from the National association are Miss D. Hutchison, Miss Agnes Malloch, Mrs. Walter Cummins, and Mrs. A. C. Joseph.

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MANITOBA

Brandon

The Graduate Nurses' Association held their usual business meeting in the Clement Block, February 1st, with fifteen in attendance. Business arising out of the recent convention was dealt with. After business, a most interesting paper was read and a full discussion took place, with reminiscences of war-time nursing.

The annual meeting of the M.A.G.N. was held in Brandon, January 24th and 25th, 1921. The following officers for 1921 were elected: President, Miss M. Martin, Winnipeg; First Vice-President, Miss C. McLeod, Brandon; Second Vice-President, Miss Cotter, Dauphin; Third Vice-President, Sister Arcand, St. Boniface; Secretary, Miss E. Carruthers, Winnipeg; Treasurer, Miss Florence Robertson, Winnipeg; Corresponding Secretary, Miss Elizabeth Russell, Winnipeg; Convener of Legislative Committee, Miss E. Gilroy, Winnipeg.

Resolutions asking for assistance from the Red Cross Society and the University of Manitoba in solving of educational problem of nurses and the forming of an emergency force; asking the aid of municipalities in decreasing the death rate from preventable causes; supervision of hospitals; and resolutions of sympathy to nurses ill and appreciation to the B. A. G. N. for all they had done during the convention were passed during this session.

Many interesting reports were read by Misses E. Carruthers, E. Russell, and M. L. McNeel, of Winnipeg. Two important papers were read by Dr. L. J. Carter on "Some Present-day Problems of the Nursing Profession," and by Mrs. Clement on "The Nursing Body in the World's

Problem, As I Have Seen It." The latter, as president of the Local Council of Women, brought the nurses greetings from that body. Miss C. M. Powell, of Winnipeg, gave a paper on "Some Problems in Training School Administration." The final event was a banquet given by the members of the Brandon G. N. A. in honor of the visiting delegates. They also entertained the executive at lunch in the private dining room of the hotel, and, in the afternoon, the nurses made a visit of inspection to the Hospital for Mental Diseases, after which the visitors were entertained by Mrs. C. A. Baragar. His Worship Mayor Dinsdale welcomed the delegates to Brandon, and Mr. A. P. Jeffery welcomed them on behalf of the Hospital Board.

About sixty delegates and members of the B.A.G.N. attended the dinner at the Prince Edward Hotel, Tuesday night. Mrs. S. J. S. Pierce presided, and after all had done justice to the repast, a short program of toasts was given. The tables were prettily decorated with pink carnations and white narcissus, and dainty menu cards with song sheets enclosed made delightful souvenirs. As it was "Burns Nicht," many Scotch stories were told and songs sung. The clever verses written about some of the visitors and sung to the tunes of popular songs caused much amusement. Vocal solos were contributed by Mrs. Olive A. C. Wilkins, B.A., who sang "Bonnie Doon," and for an encore "Comin' Thro' the Rye"; and Mrs. R. A. Clement, whose choice was "An Old Fashioned Garden," and who also received an encore. Those who spoke to the toasts included Mrs. Pierce, Mrs. R. A. Clement, Miss M. Finlayson, Miss Margaret Gemmell, Secretary B. A. G. N., Miss McNeel, of Winnipeg, Miss M. Martin, Winnipeg, and Miss M. Hulbert, Vice-president of the B. A. G. N., Miss Kathleen Moffatt, A. T. C. M., and Miss L. Wilkinson acted as accompanist.

St. Boniface Hospital

Misses L. McEwan, J. Armstrong and Alexander, have accepted positions on the staff of the St. Boniface Hospital.

Misses T. Bedford and Dunlop are on the staff of the Misericordia Hospital, Winnipeg.

Miss J. Roberts (St. B. H. '15), is anaesthetist at Dr. Galloway's Hospital, Winnipeg.

The sympathy of the Alumnae is given to Miss Gertrude Billiard on the death of her mother, and to Miss B. Snow, whose mother has been seriously ill.

Miss E. MacDonald is convalescing after a recent operation.

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SASKATCHEWAN.

The annual convention of the Saskatchewan Registered Nurses' Association will be held in Moose Jaw on Thursday and Friday, March

31st and April 1st. The meetings will be held in the Library. While all details of the programme have not yet been definitely arranged, among the interesting addresses and papers to be given are a paper by Miss Mary Martin, Director of Nursing in the City Hospital, Winnipeg, on "Modern Methods in the Nursing of Communicable Diseases;" a paper by Miss Long, of the Public Health Department, on "Trachoma;" a paper by Dr. J. C. Beatty, City Bacteriologist, Regina; and an address by Mr. W. F. Kerr, Commissioner of the Saskatchewan Division of the Canadian Red Cross. Papers on "Newer Knowledge of Nutrition," and on the "Nursing of the Diseases of Children," along with discussion of the report of the special committee which has been working upon the revision of the Minimum Standard Curriculum, and a consideration of the necessity for affiliation in the smaller training schools in order to adequately cover the subjects as set forth in the suggested curriculum. Thorough discussion of these subjects will, it is hoped, lead to the better standardization of the training schools of the province.

This programme, along with the very delightful entertainment planned by the local association, will assure a profitable and enjoyable two days for all nurses who can arrange to attend the convention. An effort is being made to secure reduced railroad rates; nurses, when buying tickets, are advised to inquire of the local agent whether any provision has been made for convention rates.

The sympathy of the Saskatchewan Registered Nurses' Association is extended to Mr. and Mrs. W. M. Van Valkenburg in the loss of their little daughter, Isobel, aged three years. Mrs. Van Valkenburg is known to all the nurses of Saskatchewan as one of the pioneer workers in the province and one who has always taken an active part in all measures leading to the advancement of nurses and nursing.

The sympathy of the Association is also extended to the relatives of Miss Mary E. Gordon, who passed away at the home of her sister, Mrs. John Horn, Wellwood Farm, near Regina, on January 28, 1921. Miss Gordon was a graduate of Victoria Hospital, Peterboro, Ontario, 1904, and had nurses for many years in Regina, where she was most highly esteemed by all members of the nursing and medical profession.

The Saskatchewan division of the Canadian Red Cross is appealing to every registered nurse in the province, who is free to sign up for emergency nursing service, to do so without delay. The appeal last year was well responded to, and all the nurses who enrolled then are asked to renew their pledge; the Red Cross will then know the full nursing services available in every part of the province to cope with any form of disaster where the assistance of skilled nurses is required. Pledge cards, with the regulations governing this emergency service, have been sent to every registered nurse resident in the province. These cards have been sent out by the secretary of the Registered Nurses' Association; in a few cases, mail sent to registered nurses has been

returned by the postal authorities, the present addresses being unknown. Any registered nurse not receiving this pledge card is asked to communicate with the secretary, Miss M. F. Gray, 1821 Scarth Street, Regina.

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ALBERTA

Medicine Hat

At the annual meeting of the G. N. A., it was decided to send a donation of twenty-five dollars to the "Canadian Nurse" and that, during the coming year, every effort would be made to secure new subscriptions. The officers for 1921 are as follows: president, Miss V. Winslow, R.N.; first vice-president, Mrs. C. E. Smyth, R.N.; second vice-president, Miss Clark, R.N.; treasurer, Miss Ford, R.N.; secretary, Mrs. John Tobin, R.N.

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BRITISH COLUMBIA

Victoria

On February 1st, Miss MacKenzie entertained the Graduate Nurses' Association of Victoria at the Royal Provincial Jubilee Hospital, the occasion being the annual meeting. The following officers were elected: Miss M. Ethel Morrison, A.R.R.C.R.N., president; Mrs. Sylvester, R.N., first vice-president; Miss Gregory Allen, second vice-president; Mrs. Chambers, R.N., secretary; and Miss Helen McIntosh, R.N., treasurer. After the business meeting, an excellent programme of music was enjoyed, followed by dainty refreshments.

The Alumnae of the P. R. J. Hospital held a successful dance at the Alexandra Club on Friday evening, February 4th.

The ceremony of laying the corner stone of a War Memorial Health Centre for Saanich was held recently. The stone was laid by Dr. H. E. Young, Medical Officer for the Province of British Columbia. Rev. Col. Wells and Rev. Col. Andrews also were present at the proceedings; the whole affair was under the auspices of the Women's Auxiliary to the Victorian Order of Nurses for Saanich. Reeve Watson acted as master of ceremonies.

It is interesting to note that this is the first memorial health centre in Canada.

The building comprises a basement, ground floor and second floor. In the basement there is accommodation for kitchens, pantries, nurses' dining room, lecture room, dental clinic and dressing rooms, with bathrooms adjoining. There is also storage space, and a heating chamber. On the ground floor there is a spacious entrance hall and writing room, with wide corridors, maternity ward and children's ward.

VANCOUVER

On Saturday evening, February 19th, the Vancouver Graduate Nurses' Association were at home to nurses in the city. Miss Helen Randal kindly loaned her pretty home at 2847 Spruce Street for the occasion. The rooms looked lovely with their bright fires, yellow daffodils and pussy willows.

Miss C. M. Haskin, president, and the new social committee, Miss B. Robinson, Miss E. V. Cameron, Miss Roos and Miss Lumsden received the guests, and, later in the evening, served dainty refreshments.

Fifteen card tables were arranged for court whist, Miss Lillian Archibald winning first prize and Mrs. Dunning second. Mrs. M. E. Johnson had charge of the card tables.

A very enjoyable time was spent and the new committee voted a success. Many former nurses, married and living in the city, were present and assisted in making the strangers feel at home.

BIRTHS

CARTER—To Mr. and Mrs. Hugh E. Carter (nee Nursing Sister Black), at Ottawa, Ont., December 19th, 1920, a son, Donald Regan.

COLEMAN—To Dr. and Mrs. Coleman (nee Nursing Sister M. McB. Muir), of Vancouver, a daughter.

EMERY—To Mr. and Mrs. William Emery (Bessie Richie, Class 1911, St. Joseph's Hospital, Chatham, Ont.), November 30th, 1920, at Detroit, Michigan, a daughter.

FLANNRY—At Pipestone, Man., to Mr. and Mrs. James J. Flannry, a son. Mrs. Flannry was Miss Helen Potter, graduate of the Kitchener and Waterloo Hospital, and served overseas.

FREY—On December 27th, 1920, to Mr. and Mrs. Floyd Frey, a son. Mrs. Frey was Miss Jessie Walker, a graduate of the Kitchener and Waterloo Hospital (Class 1919 .

GILLESPIE—At Private Patients' Pavilion, T.G.H., in December, 1920, to Mr. and Mrs. David B. Gillespie, 1332 Danforth Ave., Toronto, a daughter. Mrs. Gillespie, nee Ethel M. Murdoff, is a graduate of Roosevelt Hospital and served overseas with No. 16 Canadian General Hospital.

KENNEDY—At Montreal Maternity Hospital, on February 4th, to Mr. and Mrs. James Kennedy, a son. Mrs. Kennedy (Miss Charlotte Collins) was a graduate of Ellis Hospital, City of Schenectady.

WAITE—At the Brantford General Hospital, January 12th, 1921, to Mr. and Mrs. Eral Waite, a daughter. Mrs. Waite was Miss Dolly Westbrooke (Brantford General Hospital, Class 1916).

ZIEGLER—On November 17th, 1920, to Mr. and Mrs. Ziegler, a daughter. Mrs. Ziegler was Miss Olive Crossen, graduate (Class 1914) of the Kitchener and Waterloo Hospital.

MARRIAGES

CALLEN-McMANAMAN—On Monday, November 15th, 1920, in St. Leo's Church, Mimico, Ont., by Rev. Father Kelly, Marguerite McManaman, daughter of Mrs. John McGrath, of Galt, Ont., to Vernon J. Callen, L.L.B., son of Mr. and Mrs. P. E. Callen, of Toronto, Ont. Mrs. Callen is a graduate of St. Joseph's Hospital, Chatham, Ont. (Class 1917).

CARPENTER—KITTNER—At Harrington, Ont., on February 23rd, 1921, Eva Kittner (T.G.H., 1916) to Dr. T. A. Carpenter, of Mildmay, Ont.

CLOUSTON-McRAE—On January 12th, 1921, at Montreal, Que., Margaret L. McRae (W. H., Montreal, 1914), to Dr. Howard Clouston, of Huntingdon, Que.

MATTHEWS-EDWARDES—On November 16th, 1920, Nursing Sister Emily Edwardes (V.G.H.) to Major J. S. Matthews, late of 192nd Batt., C. E. F., of Vancouver.

McGREGOR-McLEOD—At Dalhousie Station, January 11th, 1921, Mary McLeod (M.G.H., 1916), to Alexander McGregor.

MILLER-LAPRISE—On Wednesday, November 24th, 1920, at St. Leo's Church, Detroit, Mich., Rose LaPrise (Class 1915, St. Joseph's Hospital, Chatham, Ont.), to Mrs. James Miller.

QUINN-RUSSELL—Miss Eva Russell (St. Boniface Hospital, 1919) to Mr. J. Quinn, at Winnipeg, Man., in November.

ROBILLIARD-NELSON—At Ottawa, Ont., January, 1921, Helen S. Nelson (M.G.H., 1909), to Dr. John Robilliard.

RUSSEL-MORICE—On January 29th, 1921, at Los Angeles, Cal., Elizabeth Morice to William Dawson Russel. Miss Morice was a graduate of M.G.H., Montreal. At home at 755 North Avenue, Los Angeles, Cal., after February 11th, 1921.

STEAD-HOFSTRAND—Miss E. Hofstrand (St. Boniface Hospital) to Mr. Geo. Stead, at Vancouver, B. C., on December 23rd, 1920.

STEINHOUSE-HEALY—Miss M.Healy (St. Boniface Hospital, '19), to Mr. Ronald Steinhouse, of Ottawa, Ont., at Port Arthur, Ont., on October 18th, 1920. Mr. and Mrs. Steinhouse are residing in Ottawa.

WORTMAN-McCULLOCH—In London, January 19th, 1921, at the Pentecostal Mission, by the Rev. A. S. McCready, of Kitchener, Margaret Edith McCulloch (graduate Class 1920, Victoria Hospital, London), to Dr. C. M. Wortman, of London.

DEATHS

BOND—Recently, at Bassano, Alberta, Mrs. Arthur Bond (Miss Anna MacDonnell, Western Hospital, Montreal, 1908). The sympathy of the Hospital Alumnæ is extended to the bereaved family.

BURGESS—On Monday, January, 1921, at Bale, Muskoka, Ont., Isabella McTavish, beloved wife of Thomas Burgess. Mrs. Burgess was a member of Class 1892, T.G.H.

CARTIER—At Northville, Ont., Ella Gerber (Class 1914, St. Joseph's Hospital, Chatham, Ont.), beloved wife of Joseph Cartier.

FORBER—On January 12th, at the Montreal General Hospital, Miss Mildred H. Forbes (M.G.H., Class 1908).

HOCTOR—At Montreal, on December 7th, 1920, Ethel Hoctor, graduate Ottawa General Hospital, 1914. Miss Hoctor served three years overseas.

MILLAR—At Ross Memorial Hospital, Lindsay, Ont., in February, 1921, Nellie Millar, lady supt. of Ross Memorial Hospital since 1906 and a graduate of the T.G.H. (Class 1893).

AWAY

I cannot say and I will not say
That he is dead. He is just away!
With a cheery smile and a wave of the hand
He has wandered into an unknown land,
And left us dreaming how very fair
It needs must be, since he lingers there.
And you—oh, you, who wildest yearn
For the old-time step and the glad return,
Think of him faring on as dear
In the love of There as the love of Here;
And loyal still, as he gave the blows
Of his warrior strength to his country's foes.
Mild and gentle, as he was brave,
When the sweetest love of his life he gave
To simple things. Where the violets grew
Pure as the eyes they were likened to,
The touches of his hands have strayed
As reverently as his lips have prayed;
When the little brown thrush that harshly chirred
Was dear to him as the mocking-bird;
And he pitied as much as a man in pain
A writhing honey-bee wet with rain.
Think of him still as the same, I say;
He is not dead—he is just away!

JAMES WHITCOMB RILEY.

THINGS WORTH REMEMBERING

HICCOUGH.—Surprise the patient with a pinch of pepper. After inhaling the stimulant he will sneeze violently, but when through the hiccoughs will be gone.

WASTE-PAPER BAG.—In lieu of a real paper bag, take a double page of ordinary newspaper and fold it over into the shape of a large paper bag that one gets from the grocer. Stick in two pins, and you will have a useful waste-paper bag for the patient's bathroom, into which to throw wet wads of cotton after cleaning thermometers, using a hypodermic, etc. Burn the bag each day and make a new one.

Albumen of one egg, whipped with one ounce of loaf sugar and the juice of one lemon, is a simple remedy to allay ordinary hoarseness. Take one drachm every hour.

The white of an egg added to a plaster of mustard will prevent blistering.

A raw egg taken immediately will carry down a fish-bone in the throat that coughing will not dislodge.

SPICE POULTICE (Recipe by an Oakland physician).—One teacupful of ground flaxseed, two tablespoonfuls of allspice, two tablespoonfuls of cinnamon, two tablespoonfuls of cloves, two teaspoonfuls of black pepper. Mix all together, dry, and put into a muslin bag. Dip in hot vinegar and apply to abdomen.

THE PHILADELPHIA HOSPITAL for Contagious Diseases, at Second and Luzerne Streets, Philadelphia, Pa., offers a Post Graduate Course of three months to graduates of registered schools for nurses.

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The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

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Meetings Fourth Wednesday of every second month, omitting July.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON

Hon. President, Mother M. St. Basil; Hon. Director, Sister M. Gerard; President, Miss G. Boyes, 17 East Avenue, South; Vice-President, Miss M. Maloney; Recording Secretary, Miss E. Dermody, 157 Catharine Street; Corresponding Secretary, Miss E. McClarty, 92 Hunter Street, West; Treasurer, Miss A. Brohman, 92 Hunter Street, West.

"The Canadian Nurse" Representative—Miss M. Nally, 213 Cannon Street, East.

Representative on Central Registry—Miss M. Grant.

Entertainment Committee—Misses L. Furey, M. McClarty and M. La Hoff.

Executive Committee—Misses H. Fagan, E. Cahill, H. Carroll, N. Finn and F. Clarke.

Sick Visiting Committee—Misses H. Carroll and F. Clarke.

Regular Meeting—First Tuesday, 4 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss G. Fairlie, H.G.H.; President, Mrs. George O'Brian, 170 Catherine Street, North; Vice-President, Miss Betty Aiken, 549 Main Street, East; Secretary, Miss May Brennen, H.G.H.; Treasurer, Miss M. Pegg, 56 George Street; Corresponding Secretary, Miss I. Newbigging, 129 Herkimer Street.

"Canadian Nurse" Correspondent—Miss R. Burnett, 131 Stinson Street.

Executive Committee—Miss B. Sadlier, Miss M. Aiken, Miss M. E. Dunlop, Miss Vance, Miss Beatty.

Representatives to National Council of Women—Miss E. Taylor, Miss B. Aiken, Mrs. Newson.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Mrs. Reynolds, Miss R. Burnett.

Representatives to Central Registry—Mrs. Reynolds, Miss Pegg, Miss Roadhouse, Miss A. P. Kerr.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL

Hon. President, Miss M. Forde, R.N., Superintendent of the General Hospital; President, Mrs. R. Millard, 154 William Street; Vice-President, Miss C. Good, City; Secretary, Miss C. P. Robinson, General Hospital; Assistant Secretary, Miss Edith Jones, 255 Greenwich Street; Treasurer, Miss G. Leslie, 6 Peel Street.

"Canadian Nurse" Representative—Miss M. C. Hall, General Hospital.

Regular Meeting on the first Tuesday of every month, at 3.30 p.m., in the Nurses' Residence.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION
(Affiliated Members of G. N. A. of Ontario)

Hon. President, Miss Green, Superintendent; President, Mrs. C. K. Graham, 642 Shaw Street, Toronto; Hon. Vice-President, Mrs. Gordon Jones, Pueblo, Colorado; Vice-President, Mrs. Leavens, 170 George Street, Belleville, Ont.; Secretary-Treasurer, Miss E. G. Green, 71 Everett Street, Belleville, Ont.

Advisory Board—Miss Morrison, Miss Martin, Mrs. Bush, Mrs. Fitzgerald, Miss Howard.

Entertainment Committee—Mrs. Worrell, Mrs. Leavens, Miss Morrison, Mrs. Cooper.

Meetings—First Tuesday in each month.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss McNeil, 51 Huntley Street, Toronto; First Vice-President, Miss F. Schoales, 70 Roseport Drive, Toronto; Second Vice-President, Miss G. Honey, Riverdale Hospital, Toronto; Treasurer, Miss Mary G. Clarke, 325 Leslie Street, Toronto; Secretary, Miss G. Gastrell, Riverdale Hospital, Toronto.

Convener of Sick and Visiting Committee—Miss E. Honey, Riverdale Hospital, Toronto.

Convener of Programme Committee—Miss I. Vincent, 484 Clendenan Avenue, Toronto.

Representatives to Central Registry—Miss Davidson, 322 Brunswick Avenue; Miss Nicol, 767 Gerrard Street E., Toronto, Ont.

Executive Committee—Miss E. Honey, Miss A. Armstrong, Miss Haines, Miss Nicol.

Representative to Toronto Chapter—Miss Nicol, 767 Gerrard Street E., Toronto.

Press and Publication—Secretary.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Hon. President, Miss Uren, G. and M. Hospital, St. Catharines, Ont.; President, Mrs. Parnell, 124 Lake Street, St. Catharines; First Vice-President, Miss Annie Moyer, Queenston Street; Second Vice-President, Mrs. McGowan, 2 Lyman Street; Secretary, Miss Caroline Freel, G. and M. Hospital; Treasurer, Mrs. W. Durham, R. R. No. 4, St. Catharines.

"Canadian Nurse" Representative—Miss A. J. Gransmore, 2 Lyman Street.

Programme Committee—Miss Merle McCormack, Miss Annie Moyer, Miss Vera Calvert.

Regular Monthly Meeting—Last Tuesday, 2.30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

President, Miss Anabell Nicol, 91 Kains Street; Vice-President, Miss Ruth Mackey, 91 Kains Street; Recording and Corresponding Secretary, Miss Pearl Dean, 5 Naama Street; Treasurer, Miss Sadie Coulthard, 20 Hughes Street.

Executive Committee—Misses Cook, Malcolm, Bennett, Crane and Mills.

Representative to "Canadian Nurse"—Miss Myrtle Bennett, 71 Hincks Street.

Regular Meeting—Second Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss M. H. Mackay, R.N.; Vice-President, Mrs. J. B. Coleridge; Recording Secretary, Miss Annie Hill; Assistant Secretary, Miss Annie McLean; Corresponding Secretary, Miss Agnes Weston; Treasurer, Miss Evelyn Peers; Assistant Treasurer, Miss Vida Burns.

Representatives to National Council of Women—Miss M. H. Mackay, R.N., Miss W. Huggins, Miss Annie Hill.

Regular Monthly Meeting—Second Monday, 8 p.m.

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"Canadian Nurse" Representative—Mrs. A. C. Joseph, 449 Oxford Street.

Advisory Committee—Misses Mortimer, Cockburn and Barons.

Programme Committee—Mrs. Allison, Misses Shannon and Luckham.

Regular Monthly Meeting—First Tuesday, 8 p.m.

THE TORONTO CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

President, Mrs. Smithers, Pensax Court; Vice-President, Miss Teeter, 496 Dovercourt Road (P. 6554); Corresponding Secretary, Miss Butchart, Room 308, City Hall (M. 16: C. 4684); Recording Secretary, Miss Ferriman, 74 Herbert Avenue (B. 3152); Treasurer, Miss Haslett, 48 Howland Avenue (C. 3617); Convener and Committee, Miss Batchelor, 191 Westminster Avenue (P. 1019); Press and Publication, Miss Goodman, 11 Maple (M. 1539); Representative, Miss Kinder, Hospital Sick Children; Local Council, Mrs. Blakely, 233 Delaware Avenue.

Social and Programme—Miss Meader, 258 St. Clarens; Miss Moore, Miss Gastrell (K. 1709-J).

Legislation Representative — From Women's College Hospital, Mrs. Blarnent, 26 Alhambra Avenue (J. 8291).

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

President, Miss A. C. Starr, 753 Wolseley Avenue; First Vice-President, Miss O'Rourke, 119 Donald Street; Second Vice-President, Miss S. Gordon, 251 Stradbrook Avenue; Secretary, Miss Marion Oliver, 247 Furnby Street; Treasurer, Miss Josephine MacDonald, 753 Wolseley Avenue.

Convener of Sick Visiting Committee—Miss L. Lynch, 226 Balmoral Street.

Convener of Social Committee—Miss B. Snow, St. Boniface Hospital.

Regular Monthly Meeting—Second Wednesday, 8 p.m.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Mary Martin, Municipal Hospital, Winnipeg; First Vice-President, Miss C. McLeod, General Hospital, Brandon; Second Vice-President, Miss K. Cottar, General Hospital, Dauphin; Third Vice-President, Rev. Sister Arcand, St. Boniface Hospital, St. Boniface; Treasurer, Miss Robertson; Secretary, Miss Elizabeth Carruthers, Children's Hospital, Winnipeg; Corresponding Secretary, Miss Elizabeth Russell, Provincial Health Department, Winnipeg.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Hon. President, Miss Birtles; President, Mrs. S. J. Pierce, 1608 Louise Avenue, Brandon; Vice-President, Miss Hulbert; Secretary, Miss Margaret Gemmell, 346 Twelfth Street, Brandon.

Convener of Social Committee—Mrs. Lawson Ferrier, 525 Sixteenth street.

Convener of Registration Committee—Miss C. MacLeod.

Press Representative—Miss M. Finlayson.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

Council—President, Miss Jean Urquhart, Regina, Sask.; Vice-President, Sister Allaire, Regina, Sask.

Councillors—Miss Jean Browne, Regina, Sask.; Miss Grainger Campbell, Saskatoon, Sask.; Dr. Charlton, Regina, Sask.; Dr. Argue, Grenfell, Sask.; Secretary and Registrar, Miss Jean Wilson, General Hospital, Moose Jaw, Sask.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. H. M. Lackner; Vice-President, Miss Marie Wunder; Secretary, Mrs. Jessie Turner; Treasurer, Miss Margaret Elliot.

Representative for Canadian Nurse—Miss Ada L. Wiseloh.

Regular Meetings—Second Thursday of each month.

The former executive was re-installed and various other business matters attended to.

ALBERTA ASSOCIATION OF GRADUATE NURSES

Incorporated April 19, 1916

President, Miss Victoria I. Winslow, R.N., Superintendent of Nurses, General Hospital, Medicine Hat; First Vice-President, Miss Christine Smith, R.N., Superintendent of Provincial Public Health Nurses, Edmonton; Second Vice-President, Miss L. M. Edy, R.N., Superintendent of Nurses, General Hospital, Calgary; Secretary-Treasurer and Registrar, Miss Eleanor McPhedran, R.N., Col. Belcher Military Hospital, Eighth Avenue, West, Calgary.

Councillors—Mrs. Manson, R.N., Miss McMillan, R.N., Miss E. Rutherford, R.N

THE EDMONTON GRADUATE NURSES' ASSOCIATION

President, Mrs. Manson; First Vice-President, Miss Macmillan; Second Vice-President, Miss Gould; Treasurer, Miss McGillivray; Secretary, Miss Irving, R. A. Hospital.

Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

OFFICERS OF THE GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss Jessie MacKenzie; First Vice-President, Mrs. M. E. Johnston; Second Vice-President, ———; Secretary, Miss E. G. Breeze, 125 Vancouver Block, Vancouver, B.C.; Registrar, Miss Helen Randal, 125 Vancouver Block, Vancouver, B.C.

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